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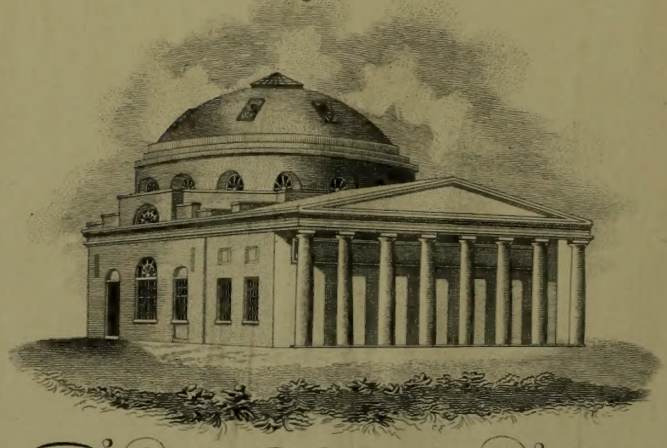

University of Maryland

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Early Doctor of Medicine and Doctor of Physics Theses
Corrected Table of Contents

These manuscripts described as either an original Thesis submitted in lieu of a regular Essay were presented to the University of Manitoba for the Degree of Doctor of Medicine and/or Doctor of Physics during the years 1913-1936. The original dissertations were bound together during the 1940's. The original table of contents for the bound volumes contained multiple errors in subject, author and/or years. To address these errors, an alternate "Corrected Table of Contents" has been inserted at the beginning of each volume.

The project team who investigated and corrected the table of contents were: Richard J. Bebbis, Theodore Lee Library Technician Officer, Marie Milagros Pickas, Metadata Management Librarian, Angela Cochrane and Cheryl Harling-Henry, Resources Division, Sarah Hendy, Acq Librarian and Megan Wolff, Services Division.

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University of Maryland Theses

Early Doctor of Medicine and Doctor of Physic Dissertations with Corrected Tables of Contents

These manuscripts described as either an Inaugural Dissertation or an Inaugural Essay were presented to the University of Maryland for the Degree of Doctor of Medicine and/or Doctor of Physic during the years 1813-1887. The individual dissertations were bound together during the 1940's. The original tables of contents for the bound volumes contained multiple errors in authors' names, titles, and/or years. To address these errors, an additional "Corrected Table of Contents" has been inserted at the beginning of each volume.

The project team who investigated and corrected the tables of contents were Richard J. Behles, Historical Librarian/Preservation Officer; María Milagros Pinkas, Metadata Management Librarian; Angela Cochrane and Carol Harling-Henry, Resources Division; Sarah Hovde, Abra Schnur and Megan Wolff, Services Division.

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(CORRECTED TABLE OF CONTENTS)

UNIVERSITY OF MARYLAND

THESES

1884, 1885

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Halsey, B. Bartow	Conjunctivitis	1885
Bussey, Bennet F.	Typhoid Fever	1885
Humrickhouse, John M.	Scarlatina	1885
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Buckner, Leigh	Listerism vs. the Old Method	1885
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Hall, W. F.	Eczema	1885

HSHSL 2012 for the UM Digital Archive. Sources consulted for corrections: Original Dissertation; University of Maryland Medical Faculty, Matriculation List, 1851-1892; Cordell, Eugene F. "University of Maryland, 1807-1907" (New York : The Lewis Publishing Company, 1907), Volume 2.

UNIVERSITY OF MARYLAND

THESES

1885(b)

Coleman, ~~E.~~ Edward C.	Typhoid or Enteric Fever	26p.
Johnston, R. E. ~~L.~~ Lee	Digestion	31p.
Halsey, B. ~~B.~~ Bartow	Conjunctivitis	48p.
Bussey, ~~B.~~ Bennet F.	Typhoid Fever	16p.
Humrickhouse, ~~J.~~ John M.	Scarlatina	38p.
Latham, ~~F.~~ Fayette M. Jr.	Hernia	41p.
Epting, R. ~~B.~~ Berley	Typhoid Fever	22p.
Pearsall, ~~J.~~ Jere R.	Menstruation	21p.
Sawyer, ~~C.~~ Charles W.	Pneumonia	26p.
Camm, Frank	Strangulated Inguinal Hernia	14p.
Smallwood, ~~J.~~ John P.	Epilepsy or Falling Sickness	22p.
Jump, ~~C.~~ Clarence K.	Intermittent Fever	19p.
Buckner, Leigh	Listerism vs. the Old Method	34p.
Wilson, ~~R.~~ Rezin B.	Scrofula	18p.
Hall, W. F.	Eczema	27p.

To the Faculty of the
University of Michigan

— A. Thesis —

On the Chemistry
of Spirit Intoxication

By —

C. C. Newman
of Ann Arbor
Mich

— 1875 —

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Typhoid or Enteric Fever

When I consider the subject upon which so much has been written and which has stand the severe study of the greatest minds in the medical profession, and then consider how little is yet obtained and desirable to be known & feel that what I think will scarce be understood among as it does from an yet an entirely in the medical world. And indeed it would be folly and I ~~[illegible]~~ the absolute to say that nought or little to be

said in the limited space allowed me in a Thesis.

This disease has attracted the attention of the Medical profession as far back in the history of Medicine as we are able to go. It was in ancient times much dreaded both by the Practioner and the people. by reason of its great mortality and its seeming persistence under all treatment It was called by various names as seemed applicable to it by the many writers, who have given us its history and only in recent years has it been recognized as a substantive disease and given its proper place in Medical nomenclature. The term typhoid still clings to it as a relic of the past from its

supposed resemblance to Typhus. How this error could have been taken in seems strange for there are variations between the two diseases which should be apparent to the most casual observer. The habitat of the one differs markedly from the other. Typhus occurring on shipboard and on the coast ways while Enteric or Typhoid is not limited to any section or locality, all being subject to it. Typhoid cannot be said to be contagious in the strict sense of the term which Typhus is eminently so. Besides these, there are other more marked differences when we consider the Pathological lesions and of late years the term Enteric Fever.

has been adopted which conveys to our minds at once both the anatomical lesions and the general characteristics of the disease

Enteric Fever, is a continued fever of adynamic type characterized by an affection of the solitary glands with the agminate also of the ileum and enlargement of the mesenteric glands and of the spleen It is a disease of the temperate climate and twenty or more years ago occurred as an epidemic in the farming districts and villages of many of the southern states. It still prevails over the country to considerable extent, occurring preferably in the fall season of the year, af-

attacking the strong and vigorous and persons between the ages of twelve and thirty-five years. It is a very insidious disease in its onset and after once appearing never leaves the patient until it has run its course which varies from thirty to forty days and even more.

The cause of this disease is very obscure. It has been attributed to decaying vegetable matter to bad hygenic surroundings, with impure drainage allowing contamination of the water supply. A micro-organism has been discovered which is supposed to give rise to it and of late years experiments have demonstrated their presence in

large number, whether these are the cause of the disease or only the result of the morbid processes set at work in the body cannot be ascertained. Why the disease if due to this germ does not attack a whole family or community and only as it does strike down the apparently most strong and robust is very difficult to understand and is rather evidence against the theory. Many other causes might be enumerated which would bear the same objection. If due to foul air or sewers why does one individual suffer while the other members of his household escape. Possibly this might be explained on

the hypothesis that the power of resistance against disease is greater in one individual than in another yet even this may be considered as theory and then all in all the causes may at the present time be said to be very definitely known

It occurs as has been said preferably in the fall seasons of the year and in this respect may almost be considered as periodic and is more apt to occur in high and dry countries than in the valleys although no section is exempt I have known it to make its appearance in a locality where much timber has been deadened or

cut down. and where there are no hills intervening by which the specific elements may be stopped. In many respects it can be looked on as a disease of spontaneous origin.

The patient coming under the influences supposed to engender the disease is unable to describe to the physician just how he feels. A feeling of listlessness pervades him; he imagines himself to be "bilious" and recieves from the man of medicine some simple purgative with the assurance that in a few days he will be all right. Sometimes the onset is a marked chill fol-

lowed by the characteristic fever, constipation may be present or on the other hand it may be affected by a profuse diarrhoea. It is sometimes at the onset very difficult to differentiate ~~at the onset~~ between the disease and intermittent fever. The symptoms are very deceptive but after several days have passed there is very little difficulty of arriving at a correct diagnosis. The temperature in its rise and fall is very characteristic there being exacerbations between that of morning and evening. In this trouble the vacuoles will not be seen than the dual [illegible]

half degree and we rarely have a temperature ordinarily higher than 101 or 103 which in intermittent and other forms of fever it is apt to run higher and can easily be brought down by quinine. If on the second or third day we find a temperature of 104 we may reasonably throw aside the idea of its being typhoid fever there is always a very gradual rise from the beginning to the height of the disease and then as gradual fall towards recovery.

Tenderness in the iliac fossa on pressure and gurgling usually exist and on the abdo-

when and thence about the second week may be noticed irregular rose colored spots which will fade away on pressure. They are not elevated above the skin and and soon disappear.

Estimating the duration of the disease is difficult for the prodromal stage may be so long that in some cases we may find the patient at the moment of going to bed. in the second or third week of the disease the may also have the symptoms so mild that what is known as walking cases may occur; the patient going through all the stages of the disease but to so minimum a degree that we

does not go to bed. A case of this kind came under the notice of the writer at the University Hospital where the patient came in complaining of intense pain in the abdomen. He was given appropriate treatment but died on the third day. The autopsy showed intense inflammation of ~~Peyers~~ Peyers glands and perforation, which caused peritonitis ~~with~~ from which the patient died.

Constipation is usually marked at the onset and while diarrhea may be present it is more apt to be due to the perforation to which the patient has been subject.

Continued constipation or the converse lead to grave symptoms

and must be well guarded. The stools are usually clay colored or of pea soup consistence and may be passed two or three times daily. After the disease has taken firm hold of the patient the bowels are very easily acted on and profuse diarrhoea may be induced. Constipation is only markedly prominent in the prodromal stage and soon gives way to more normal discharges.

The Prognosis in Enteric Fever varies much according to circumstances. Of late years unfavorable terminations are not nearly so great as in older times when the Pathology of the disease was

not so well understood and possibly the treatment led to more death than the disease would have caused if left to itself. The great danger at present is in the extensive ulceration of Peyer's glands with rupture of the intestines and death from hemorrhage or peritonitis. In either of these cases the prognosis is indeed grave. When there is danger also of death from asthenia. If the patient was very robust he may survive quite a large hemorrhage, but so depressing is the disease that loss of considerable blood is very apt to terminate fatally. These may be considered as empiri-

cases, other men, such as tuberculosis
bronchitis and pneumonia caused
by impedated congestion of the
lungs. This is rare but it must
be expected and the patient guar-
ded against it.

Toward the close of the second
week lowering of the temperature
to 103 may be considered as fa-
vorable. But persistence at 104 or
5 or 6. Show a severe case and sud-
den rise of temperature indicate
complication.

In view of the importance of
the subject it is but proper that
I should devote considerable space
to the treatment of the disease there
is scarcely a practitioner who does

not meet with one or more cases yearly. and a knowledge of its management is of great importance

There are certain established facts in the Etiology and Pathology of the disease which furnish us the only trust worthy guide in its management. That the disease results from the introduction into the system of some specific poison; That when the poison is lodged in the system all the stages of the disease are inevitable and must be encountered before the patient recovers; That the natural tendency of the disease extends over a definite time and that there is no known drug which can abort an attack. These facts

being borne in mind it is apparent that, that treatment which looks to the conservation of the patients strength is best. It is "a fight," as Prof Miles has aptly said, "between Death and the doctor"

At the onset of the disease the patient must be guarded against his own impruderce. He should at once be put to bed and given attention. The surroundings must be taken into consideration and diet must be attended to. The medicines to be used and the means adapted to the induction of temperation must be also considered.

As to the surroundings

The outlet Tube is a matter of great importance. The room should be well ventilated not too light and if the weather be warm he should be changed from one bed to another and altogether he must be kept as comfortable as possible. Visitors should not be admitted too often, Nursing is also of importance and the stool must not be allowed to remain in the room

Diet should require the utmost attention and demand care at the hands of the Physician, The specific lesion of the disease being in the alimentary canal errors of diet produce troubles which are serious. The article

which is destroyed and
their existence in repairing the
waste of the tissues is Milk
For if we do not eat for the con-
tain elements of nutrition but they
are in the form and condition
most easily assimilated by the
stomach be tolerable and if
it may well bear a little lime
water may be added. All other
articles are inferior to it and
persons who object to it in
health readily take it in this
disease. Sometimes much has
a tendency to constipate when
this occurs and there is ne-
cessity that the bowels be ope-
rated on nutritative pur-

should be mean use of acid
food is better than castor oil
or a simple enema. Acid
food is not applicable. Soap
may be given but must contain
nothing which would give a
tendency to irritate the stomach.
Should Diarrhoea come on
in the disease at any time it
must be checked by appropri-
ate doses of Opium. Increased
peristalsis is a source of danger
to the diseased intestines and here
again opium comes to our assistance.
Astringents are never applicable.
Symptoms is sometimes a
very troublesome symptom - they
are to be relieved by Turpentine

or Brandy or what may be even better a little chloral.

Very little medication is necessary. only to allay the excitement. Antipyretics are essential and a diversity of opinion exists as to the use of opium. It is held by some that heroic doses should be given all things to the disease. but as it has a certain course to run and cannot be aborted it seems that only so much is necessary as to keep the temperature within reasonable bounds.

It has proved the practice to give chlorine but no marked advantage has

been shown it result and the feeling of the profession is against its use.

There is another and very of reducing high temperature which I have seen very successful used. And that is by the application of cold water by both spinging and also by means of a sheet dampened at one end and rubbed around the body. The water need being dry. The application should be made three or four times daily. It gives the patient very little discomfort and is certainly worth a trial.

The use of digitalis or other stimulants are absolutely necessary. They need not be given at the outset of the disease but when the patient strength is beginning to fail. Of this we have indication in the pulse and heart sounds. It should be given conjointly with quick in small doses frequently repeated in preference to large doses.

I do not know that any thing else is necessary if all these measures are carried out when the patient becomes convalescent. Our care must be just as great. Patient should not be allowed to rise to ex-

ly - and his good power of work. There is danger of rupturing the intestines even though the patient may consider himself well and in such cases death is the usual result.

I now be excused for bringing in an exclamation the statement of an old physician - an epitome of a treatment which he laid down, and could like it have carried out in the event he should be taken with the disease he says;

" I should like to be placed in a cool well ventilated room and covered lightly with bedclothes: to have a cheerful and

attention should be took after that to be fed plenty with cold milk. If diarrhoea became frequent or over three times a day or tenderness in the bowels and in the bowels I should like to be treated not with laxatives but with opium given either by the mouth or rectum - I should like to have a good supply of ice to suck: and in the event of hemorrhage. Cold compresses on the belly and cold injections into the rectum. If perforation takes place the large and repeated doses of opium I should prefer not to be treated in a temperance hospital."

To sum up we will say Science
Nutrition Air, Good diet
of Milk. Careful Nursing. Means
to keep temp down and stim-
ulants are all that we succeed
and we will be able to carry
through the very sick cases
-successfully.

E. C. Coleman

Question That we may
have a better understand
ing of the subject. I
will refer briefly to
the anatomy of the
organs concerned in the
process of deglutition. The
alimentary canal is a
muscular membranous tube
about 30 thirty feet in
length & extends from
the mouth to the anus.
Anatomists have made
a division of it from
above downwards into
the mouth, pharynx,
Oesophagus, stomach, small

The oesophagus consists
of three coats — internal mucous,
middle or fibrous, & external
or muscular. The oesophagus
has an internal or
mucous, middle or cellular
coat, & an external or mus-
cular coat. From the
cardiac orifice of stomach
to the end of the canal
there are four coats,
from within outward,
mucous, cellular, muscular
& serous, which latter
is derived from the
peritoneum. In examining

of the bowels produced.
In the stomach the
muscular coat has
three sets of fibres,
the third or oblique
set, being distributed
chiefly at the cardiac
end of the stomach.
At the pylorus the
circular fibres are
aggregated into a ring
which projects into the
cavity of the stomach
& forming with the
mucous membrane lin-
ning its surface, the
pyloric valve, of which

we will have something further to say presently. The ileo-cæcal valve at the junction of the small & large intestines is produced in the same manner, by a reduplication of the mucous membrane, & of the circular muscular fibres of the intestines, the longitudinal fibres & peritoneum being continued uninterruptedly across from one intestine to the other. The mucous membrane of the

is soft & velvety in the appearance. If slowly examined the whole surface will be found to be covered with hairlike appearances in the cells. In the bottom of the vicinities are the orifices of minute tubes, the ducts of the follicles, which are situated perpendicular side by side in the entire surface of the mucous membrane. These follicles are composed of a homogeneous

tissue membrane,
lined upon its free
surface by a layer
of cells which differ
in their character in
different parts of the
organ. In the pyloric
portion these tubes
are lined throughout
by columnar epithe-
lium, & are called
the mucous glands.
They are supposed to
secrete the gastric
mucus. In the rest
of the stomach, the
cloth lined of each

tube is filled with nuclei & a mass of granulations by a mass of nucleated cells & in the upper fourth by columnar epithelium. These are called the septa crural & are supposed to secrete the erectile tissue. The cell next channel the vaginal the largest of which the hymen is situated below & immediately in front of the external ear

+ [illegible] the mouth
[illegible] the second
molar tooth, through
Stenon's duct. The sub
maxillary should be
situated below the
angle of the jaw in
the anterior part of
the submaxillary triangle
of the neck & its duct,
which has been called
by the name of its
discoverer, Wharton's
duct, enters the mouth
near the frenum linguae.
The sublingual is
situated below the

mucous membrane of
the mouth & discharge
its secretion directly
into the mouth by
means of the ducts
respectively to be in Du.
The salivary glands
are made up of numerous
lobes, which are composed
of lobules connected
together by means
of areolar tissue, vessels
& ducts. Each lobule consists
of numerous closed
vesicles, which open
into a common duct:
The walls of each lobule

are formed by a delicate membrane, lined by epithelium & covered by a dense capillary network. The liver, the largest gland in the body, weighing between 3 & 4 pounds, is situated in the right hypochondriac region & extends over the epigastric into the left hypochondriac region. It is composed of lobules which are held together by an extremely fine areolar tissue

the ramification of the portal vein, hepatic artery, hepatic duct, hepatic vein, lymphatics, & nerves; the whole being invested by a fibrous & serous coat. The portal vein carries the blood to the liver from which the bile is secreted; the hepatic vein removes from the liver the superfluous blood, & the bile secreted by the hepatic

cells are taken up by the blood & carried from the liver. The hepatic cells form the chief mass of each lobule. They are very large & have a distinct nucleus. The cells contents are mixed & contain yellow granules, the coloring matter of the bile & oil globules. The gall bladder, the reservoir for the bile, is situated on the

under surface of the
the right lobe of the
liver. It is about
four inches in length
one & a half in breadth.
The biliary ducts
are the hepatic, the
cystic & the ductus
communis choledochus.
The hepatic duct
is formed by two
trunks which come
from the liver and
the transverse fissure,
one from the right
& one from the left
lobe. These unite

have descended &
to the right & forward
on each to join the
cystic duct, to form
the ductus communis
choledochus. The pan-
creas is a conglomerate
gland resembling in
its structure to the
salivary glands. It
is situated transversely across the
posterior walls of
the abdomen in the
right hypochondriac
region, the epigastric &
left hypochondriac

regions, of varied in length from six to eight inches & measured about two or three inches. The chest was transversely from left to right through the substance of the sternum & ribs into the diaphragm with the chest commencing thus upon the surface of a small fistula.

Yesterday afternoon very little hazel lately passed upon

the subject of digestion
until the time of Mr.
Beaumont who experi-
mented on the Canadian,
Alexis St. Martin, who
had a permanent
gastric fistula caused
by a gunshot wound
of the abdomen & which
enabled him to see
the process of digestion
going on, & it is to him
that we are indebted
for our first correct
ideas in regards to
this subject, until
his day our theories

more only hypothesis had not been verified by actual experiment. The first fact of importance is that of mastication in which the food is reduced to a state in which it can be more easily reached by the digestive fluids. The food of these is the saliva which is a mixture of the secretions of all the salivary glands. It is a colorless slightly

acid, & alkaline
fluid, with a specific
gravity of 1.015. It
is composed of albumen,
potassium sulphocyanide,
magnesium & alkaline
phosphates, sodium
& potassium chlorides.
The saliva has the
power to a very slight
degree of converting
starch into glucose
or grape sugar. This
property is due to
a peculiar nitrogenous
ferment to the salivary
glands principally used.

however is to lubricate
the food which has
been already masticated.
The salivary glands
secrete about
16 oz in twenty four hours
The food has been
mixed with the
saliva it is forced
back into the pharynx
& oesophagus by the
tongue where it
is seized by the
muscular coat
of the oesophagus
& by a peristaltic worm
like motion carried

channel to the stomach. The stomach has long been recognized as the organ in which the first chemical modifications of the alimentary substances first take place. Here is secreted the gastric juice, at first not until Dr. Beaumont experimented upon Alexis St. Martin. That the functions of this organ are in reference to digestion upon first established

the following facts;
first, that the active
agent in digestion
is an acid fluid,
secreted by the gastric
follicles; secondly,
that this fluid is
secreted only during
digestion & under the
stimulus of food &
thirdly, that it
will exert the same
action upon food
outside the body
as well as inside
the stomach. The
chemical succession

contains sugar, fermentable
colored, acid, & a
water containing
& electricity acid.
Its acid flavor due
to H_2S. Its specific
gravity is 1010.28
is composed of water,
free acids, sugar,
sodium chloride,
potassium, calcium
magnesium, ammonium
& iron phosphates.
The dyspeptic properties
are due to a ferment
present & to the free
acids. [illegible]

has the power of converting the proteids into peptones & hemi-peptones & has no power over starch, or cane sugar, or the fats. When the stomach contains mucus.

So the juice has the power of converting cane sugar into grape sugar. The emulsified fattening of the food by a churning motion is little by little forced out through the pylorus into the

small intestine, where it is mixed with the bile & the pancreatic juice. The bile is of a bright golden color. Its reaction is alkaline & it contains no proteids. It is composed of water, bile salts, fats, mucous pigments & organic salts. Bile has no direct digestive action on the proteids. When the bile is added to a solution containing the products of gastric digestion

a copious precipitate takes place. The purpose of this precipitate is to shield the ferment of the pancreatic juice from the obstructive action of pepsin & to neutralize the acid contents of the stomach as they pass into the duodenum & prepare the way for the action of the pancreatic juice. Bile has a slightly action on the fats. The principal use is as a lubricator wetting the membrane

& assisting in the passage of the oils through them. The pancreatic juice differs from the preceding fluids in that it contains a comparatively large quantity of the proteids. Healthy pancreatic juice is a clear viscid fluid, frothing when shaken & has a very decided alkaline reaction. It contains no structural constituents. It is composed of water, albumen, a peculiar form of casein or alkali albumen

Kühne & Lepine in a small amount of salt & a comparatively large quantity of Sodium carbonate to which the alkaline reaction is due & which seems to be peculiarly associated with albumen. Pancreatic juice acts with great energy upon starch & is very much similar to the saliva except very much more active in the proteids. Pancreatic juice also exercises a solvent

thus, hence, so far similar to gastric juice that by it proteids are converted into peptones. The digestive power of the juice depends on the presence of a ferment trypsine. The pancreatic digestion of the proteids differs from that of the gastric juice in that it is always alkaline, while the gastric juice is always acid. It has a twofold action upon fats, it emulsifies

& split up minute fats
into their respective acids
& glycerine. The glands
of Lieberkuhn are supposed
to secrete a fluid called
succus entericus, which
is supposed to change
cane sugar into grape sugar
& by a fermentative action
to convert cane sugar
into lactic acid.
The villi are situated on
the vascular mucous tissue
are composed of a mesh-
work of blood vessels
& in the centre a lymphatic
The fat which has

been invaded is also
lined by the epithelium
lining, passes through
this wall the blood
thence into lymph
lymphatics to the thoracic
duct; the bile is also
absorbed by the cells
of the villi & is now & roughly under
moved & excreted.

Thesis

on

Digestion

R. E. L. Johnston

"Praxis Scientiae Lampas"

Thesis on

Conjunctivitis with Corneal Complications.

by B. B. Halsey

University of Maryland.

Jan. 6th 1885.

To the Honorable Faculty of the University of Maryland:

Dear Sirs:

The subject of the restoration and preservation of vision, by either therapeutical or surgical expedients, has, as you are aware, of late years, especially, received much careful and well deserved study and investigation from the great clinicians of the world, in the promotion and perfection of the science of Ophthalmology; which, in its beneficent object, aims not only at the amelioration and relief

of the sufferings of humanity, but happily often attains most triumphant and gratifying results, in the certain and permanent restoration of sight to the blind; particularly of the poor, to whom the sense of sight, as a means of obtaining a livelyhood, is per se, the most precious of all the senses, to say nothing of the inestimable comfort and blessing it bestows. And as the ever increasing necessity is most obvious, though best appreciated, for inviting labor and zeal on the part of the practitioner at large, in familiarizing

himself to recognize and master by a cultivated "tactus eruditus" the delicate intricacies so frequently exhibited in the various pathological conditions of this department of science; from the hundreds and thousands, who annually apply to the ophthalmic hospitals of our large cities, for the relief of their torturing maladies; I have concluded that brief discussion of one of the most common affections relating to this branch of Medicine, though imperfectly presented, might not unbefittingly occupy the subject of my Thesis.

Conjunctivitis may be

defined briefly as, "any inflammation affecting the conjunctival mucous membrane". As the conjunctiva lines the whole anterior surface of the eye-ball, the cornea excepted, save its epithelial layer, and being reflected over the lachrymal gland and the internal surface of the lids on the one hand, and through the puncta lachrymalia to the lachrymal apparatus of the nose, and still further by continuity of tissue to the ethmoidal cells and frontal sinuses above, and to naso-pharyngeal mucous membrane below; and being decidedly the most sensitive of

all the mucous surfaces of the body, its great susceptibility to inflamatory processes from external causes can be easily appreciated, as well as its tendency to take on acute inflammation as the result of an error of repraction or as the sequel of the catarrhal and exanthematous diseases of the system at large, of which it forms a delicate and useful part –

Conjunctivitis is a disease affecting all ages and classes, but as it occurs so much more frequently in children, between the ages of five and fifteen years, it has generally been considered

by ophthalmic surgeons as pre-eminently the eye disease of childhood; being especially prevalent among the poor classes in large cities, who are subjected to the depressing influences of bad sanitation. In speaking of the various forms to be met with, I would consider them all as embraced under five great subdivisions, and in the order of frequency, as follows:

Catarrhal, Phlyctenular, Purulent, Granular and Croupous.

The normal appearance of a healthy conjunctiva

is that of a delicate transparent mucous membrane forming the outer layer and anterior facing of the eye, through which the glistening pearly white sclerotic coat of the eye-ball can be clearly seen. It is loosely connected to the sclerotic by subconjunctival connective tissue, and is freely movable upon it, being also freely supplied with blood vessels, especially upon its tarso-orbital fold.

In Catarrhal conjunctivitis, which is infinitely the most common; hyperaemia is the first symptom, the vessels become swollen, and impart the sensation of foreign bodies

in the eye, and by slight pressure of the finger can be displaced over the surface of the sclerotic. The mucous glands are also turgid, which assist in giving the conjunctiva a more or less puffy appearance; and on slightly everting either the upper or lower lid, the membrane over the tarsal cartilages will be found to be decidedly more congested than that lining the eye ball; because that part of the conjunctiva is much more vascular, and when inflamed, exhibits a uniform velvety redness, of a bright scarlet hue, which decreases in intensity pari passu as it approaches the margin of the Cornea. Furthermore,

it is of vital importance to the safety of the patient, that the hyperaemia of conjunctivitis be clearly differentiated from that of Iritis, lest error in treatment should give rise to most alarming consequences –

In iritis, and its frequent accompaniment Cyclitis, the injection is almost entirely limited to sclerotic and sub-conjunctival tissue, and appears as a scleral zone, of very fine vessels, two or three lines in breadth encircling closely the corneal border; as the scleral vessels here anastomose with those of the iris and choroid; and instead of being a bright scarlet, as in conjunctivitis,

is of a "Characteristic pink"; and there is a greenish or yellowish hyperaemic discoloration and torpidity of the iris; with muddiness of the aqueous, thus clouding the pupil, and rendering vision dim, with the usual history of excruciating nocturnal pain, and all the other corroborative symptomology of iritis; a detailed account of which would be unprofitable in this connection; suffice it, the all important point which I desire to lay special stress upon is; that the necessity of accurately distinguishing the two diseases, Conjunctivitis and iritis, is a matter of paramount importance;

for if the local astringent treatment of the former, supplants the local atropine and Systemic treatment of the latter, from either neglect or inability on the part of the practitioner to recognize its physical phenomena, it will, as not unfrequently has been the case, result most surely and speedily in the loss of one or both eyes. The moral of this is, that whenever we have a suspicious looking red eye to treat, we should be on the alert, and verify the diagnosis by a very simple and practical test, before proceeding to institute treatment, thus: A Solution

of Atropia sulphate, 4 grains to the ounce of distilled water, should be instilled into the eye, and when the pupil dilates in a few minutes, if it dilates <u>regularly</u> we <u>know</u> that it is conjunctivitis, whilst if it dilates <u>irregularly</u>, in an oblong, heart-shaped or stellate manner, we equally <u>know</u> that plastic iritis is the cause of it — The test can do no possible harm, the Atropia acts as an anodyne, as long as the eye is under its influence, and when the effect wears off in 2 or 3 days, the pupil has contracted to its normal size. Homatropia is still better as its

effect is more transient and it does not paralyze the accommodation to the same extent. The two diseases may of course occur simultaneously, in fact, it is very rare to have a case of iritis without some conjunctival irritation; and the conjunctival congestion may be so excessive over the whole eye, as to completely hide from view the ~~the~~ iritic scleral zone around the cornea, and by its dense mesh-work of hypertrophied vessels, encroach upon the cornea giving rise to the condition of Chemosis. This is an oedematous condition of the sub-conjunctival connective tissue, depending on

serous infiltration, and is a most alarming complication, in that it may infiltrate the transparent non vascular cornea, (which is normally nourished by imbibition from the lymphatic system), with muco-purulent matter, and readily cause it to slough –

In conjunctivitis there is no interference with vision, but a strong glare or close work of any kind, immediately produces great annoyance and discomfort – The congested vessels of the tarsal conjunctiva pressing against the surface of the cornea, give rise to a sensation of grit in the eyes, and

this in turn produces blepharo-spasm; while the burning and smarting from the irritation of the predisposing cause, is greatly augmented by the continual rubbing of the eyes by the patient. The catarrhal state of the mucous membrane by its turgescence completely occludes the orifices of the puncta, the natural exits of the tears, which then collect in the lacus lachrymalis, and are forcibly ejected over the cheek at every contraction of the orbicularis muscle, thus producing profuse lachrymation; but no mattering. Obviously the causes of this disease are numerous;

being produced by irritants of all kinds, such as, cold, glaring light, smoke, and all gaseous exhalations, of an irritant nature, foreign bodies of all kinds upon the conjunctiva, as dust, cinders, an inturned lash, &c; also from disease of the retina by reflex action, from straining and overtaxing the accommodating powers of the eyes in reading by a bad light, especially seen in hypermetropics, and not unfrequently from derangement of the digestive and secreting organs.

Treatment: Here, as in all other branches of Medicine, the treatment should be directed primarily to the removal of the underlying cause.

If it be dependent upon the glare of the sun or exposure to dust; smoked glasses should be worn and the patient removed as much as possible from the exciting cause; if from hypermetropia convex lens of suitable strength should be ordered; if from a foreign body, it should be removed. And here I may say, that foreign bodies getting into the eye, are usually found under the upper lid, the inner margin of which is always in juxta position with the surface of the eyeball, and the presence of a foreign body tends to force the orbicularis muscle by reflex action to clamp the eye ball more closely and prevent its escape.

Cold compresses or hot fomentations are of great value; but very mild astringent lotions are of great value in shrinking the congested membrane, such as Sulph Zinc or Alum gr i, or Sulph of Copper half grain to the ounce of water, and a few drops applied to the eyes 4 or 5 times a day, will in the course of 2 or 3 days restore the eye to its normal condition. But the formula which I prefer, and which I have seen used with signal efficacy as an astringent anodyne is that recommended by Prof. Chisolm,

℞. Sodae Biboratis gr xv
Aquae Camphoratae ℥ i
Aquae Distillatae ℥ i
M. Sig: A few drops in the eyes 3 times daily.

Also in obstinate cases the following:
℞. Hydrarg. Oxidi Flavi grs ii
Vaseline ℥i
Mft. Ungt. Sig: A little of the ointment to be placed upon the eye ball and well rubbed in with the lids closed at bed time – The Acetate or Sugar of lead is now no longer used in ophthalmic practice as an astringent, as it has been found to seriously impair the transparency of the cornea, by the fine particles of the metal becoming imbedded in its substance – Nitrate of Silver solutions are rarely, if ever, required in this form of the disease, and are to be used when employed, as will

hereafter be described –

Phlyctenular,

The next most common form of the disease, is that which has been variously designated by writers on the subject, under the headings of "Conjunctivitis phlyctenulosa" or "pustulosa", "strumous corneitis" or "herpes of the conjunctiva and cornea"; which as its name implies, is a phlyctenular disease, involving either or both the conjunctiva and cornea, the direct accompaniment or sequel of some devitalizing or exanthematous discrasia of the system at large, such as, Scrofula, Tuberculosis, Rachitis, Eczema, Herpes Zoster, Rubeola, Scarlatina or

or Variola - Symptoms - It usually begins as an intensified form of the catarrhal variety, in which the secretions of the eye assume a mucoid character and stick and glue the eye lids together at night - This is generally the first symptom that especially attracts the attention of the patient - The disease is characterized by the appearance of one or more small phlyctens or pustules upon the surface of the conjunctiva, about the size of a small pin's head, and of a whitish color - These encircle the cornea more or less closely, having for their bases, patches of deeply injected conjunctival vessels, the sub-conjunctival vessels also becoming injected -

So long as the pustules are confined to the conjunctiva alone, while very annoying, they are still very amenable to treatment, and can generally be made to disappear in eight or ten days, though they may recur in successive crops - But when they invade the surface of the cornea by contiguity of tissue, the pain which they occasion, as well as the permanent injury that they are capable of doing, adds greatly to the gravity of the situation - The tiny white vesicle, if not caused to shrink under treatment, will soon have its delicate layer of epithelium cells brushed off, and be converted into an open ulcer, thus exposing the terminal

filiments of the ciliary nerves, which supply the cornea, giving ~~rise~~ rise to the most intense photophobia, blepharospasm and lachrymation - The attitude involuntarily assumed by the patient is absolutely pathognomonic of the disease - The patient will have his lids tightly closed, and both hands or a handkerchief over the affected eye in order to exclude every possible ray of light or will keep his face buried in a ~~handkerchief~~ pillow, and when the lids are forcibly opened for inspection, it is followed by a copious gush of tears, and the patient rolls the eye ball up, in order to get the

pupilary orifice behind the upper lid and thus prevent light entering the eye - The photophobia & blepharospasm go hand in hand; the former being referible to hyperaesthesia of the retina or optic nerve or both, the result of morbid reflex action, excited by irritation of the nerves of the cornea, which in turn reflected through the portio dura to the orbicularis muscle cause blepharospasm - The skin of the face, about the inner angle of the eye often becomes much excoriated from the profuse lachrymation, and the pressure to which it is subjected in excluding the light - A corneal wound is always followed by a circular opaque

infiltration of the corneal substance and if it extends very deeply into the parenchyma is never absorbed, but the more superficial ones are. As the ulcer heals, contraction of the corneal tissue may take place to such an extent, as to seriously interfere with the normal convexity of the Cornea, producing some error of refraction, notably astigmatism. As if the cicatrix be immediately in front of the pupil, it will by its very presence interfere with vision more or less. When the ulcer is left to run its course, it proceeds to degenerate into a large unhealthy sloughing ulcer; the rapid breaking

down of the whole corneal tissue, followed by the protrusion of the iris, and complete destruction of the whole eye - So that phlyctenular trouble of the conjunctiva involving the cornea, should always be regarded as a source of anxiety to the practitioner - Treatment: As the disease owes its origin and existence to a lowered and vitiated condition of the system, attention to this is of prime importance - in fact, the phlyctens can hardly be made to heal permanently, so long as the predisposing cause remains - So that good food, warm clothing, and fresh air, in conjunction with

tonics and alteratives, such as cod liver oil, iron, quinine, arsenic &c. are indicated - Especially in strumous subjects will the free administration of cod liver oil be found efficacious, combined with some preparation of iron, as the Syr. of the Iodide, but the best results are obtained from the Pt. Ferri Muriatis gtts XV t-d - When the disease accompanies eczematous or herpetic eruptions of the skin, it will be seen to disappear as the eruption recedes under the use of Dawlis Solution - Then for local treatment; perhaps none will be found to exert a more sal-

utary influence than the effect to be derived from the alterative & absorbent action of the mild mercurial treatment, applied in the following manner; The ulcers should be dusted once a day with a small quantity of calomel powder, from a camel's hair brush, and then the lids being closed, give the eye-ball a good hard rubbing with the finger, friction and massage thus given facilitates very materially the action of the remedy; then the borax lotion previously alluded to, with a glass dropper, should be prescribed for the patient to use at home 4-5 times daily,

and a little of the yellow oxide of Mercury ointment mentioned above to be used at bed time - It is to be borne in mind, that while a little calomel is very beneficial, being transformed by the secretions of the eye into the Bichloride or Corrosive chloride, a greater quantity or more frequently applied, will only irritate & aggravate the disturbance which it was given to relieve - The same truth holds good with regard to the use of the ointments. If healing takes place very slowly, healthy granulations may be assisted by occasionly dusting the eye with finely powdered Iodoform - The excessive pain should

be relieved by the judicious use of Sulphate of Atropia, the great eye sedative, 4 grains to the ounce of water, instilled into the eye pro re nata, or a little of the solution may be combined with the borax lotion.
Atropia is especially indicated in extensive sloughing of the cornea, to dilate the pupil and prevent the protusion of the iris should perforation of the cornea occur.
As Belladonna, in all its forms, especially its active principle Atropia, is a most powerful poison, though a most valuable remedy, the utmost care in its administration is necessary. One drop of the 4 grain solution is all that we dare apply to a child's eye at a time,

and dryness of the throat, redness of the face and dilation of the pupil, are always indications for withdrawing the remedy temporarily. It should be prescribed in rose water, in order to be recognized by its odor and a poison label should be attached. The application of a 4% solution of the new and wonderful local anaesthetic, Muriate of Cocaine, will serve a very useful purpose in relieving pain. A patient under its influence, previously unable to open ~~this~~ his eyes at all, will be able to look boldly at the sun light, and permit the necessary examination of his eyes, all photophobia being entirely removed. The exanthematous forms of this disease,

dependent upon the the various eruptive fevers, are to be regarded rather as one of the sequelae; than as a direct accompaniment of the fever - The lids are always oedematous, and marked photophobia is present during the eruptive stage, which is best left alone or treated by mild anodyne astringents, while special attention is paid to the general condition of the patient; but during convalescence the condition of the patients eyes are to be carefully watched, as this is the time that phlyctens are most likely to form, with very rapid and complete destruction of the eye - The eruptive fevers may also produce the muco-purulent variety to be described under

the next heading -

Purulent.

Under the term purulent conjunctivitis, which is decidedly the most formidable of all the varieties we now have to deal with, may be classed those forms which appear as the direct result of contagion, under the heads of Gonorrhoeal conjunctivitis and the ophthalmia neonatorum. The term muco-purulent conjunctivitis appears to be a useless complication of the nosology of this disease, since it is merely an intermediate stage between the catarrhal and purulent forms, or a severe case of the former & a mild case of the latter, although so high an authority as Macnamara classifies

it as a separate affection and speaks of it as follows: "The state of the patients general health must be taken into consideration; the secreting organs will frequently be found at fault, and a little judicious staving in some cases, together with a blue pill, black draught and colchicum, will do wonders, particularly if the individual be of the rheumatic or gouty diathesis"; but in other respects he describes it as belonging to or partaking of the nature of ordinary purulent conjunctivitis - The distinctive feature of purulent conjunctivitis is that it is eminently a <u>contagious</u> disease, depending upon the local infection of gonorrhoea or vaginal secretions &c - Pathology - Septic

matter coming in contact with the conjunctiva sets up active inflammation, The Meibomian glands and the conjunctiva secrete more freely, which results in increased cell formation, and the attendant congestion gives rise to serous infiltration into the loose sub-conjunctival connective tissue, producing excessive Chemosis - The swelling of the lids goes on until the distention is so great that it overcomes the contraction of the orbicularis muscle; or after the lids have been separated for the purpose of cleansing or medicating the eye, they may remain everted by a constricting band of muscular fibres, which presses firmly upon the part, preventing

or impeding the circulation through the everted portion, and unless the ectropion thus produced is speedily reduced, the conjunctiva is apt to slough, and do great injury in a short time. In some cases the chemosis is so great, that the cornea appears almost buried in a crimson fold of hypertrophied mucous membrane. After this the circulation at the periphery of the cornea is impeded on account of the blood stasis due to inflamatory action, this obviously hinders the passage of blood towards the margin, where it is transformed into lymph for the nourishment of that tissue, and rapid ulceration, necrosis and sloughing ensues. At the commencement of

this process, the cornea presents a hazy appearance, due to mal-nutrition, and not unfrequently a patch of gray infiltration of purulent matter from without, which rapidly brings about suppurative keratitis; or, the fibrous elements of the cornea lose their tonicity, and it bulges forward, being unable to resist the intra-ocular pressure, ruptures, and the evacuation of the greater part of the contents of the eye-ball, with hernia of the iris closes the scene — As deplorable as this condition must of necessity be, Prof Dixon remarks that, "As long as any portion of the cornea retains its vitality, the case must not be abandoned in despair; for if only

a small portion, less than a quarter of an cornea, can be saved from destruction, and its transparency retained, useful sight may be eventually gained by the operation of making a false pupil"— Symptoms: The patient, at first, will complain of an itchy, burning or gritty sensation, the pain increased at night, subsequently a great deal of mattering, which glues the eye lids together at night, Chemosis, photophobia & blepharospasm—

Thus far we have discussed purulent ophthalmia in general; but there is a special class of cases which deserves special mention before proceeding to consider the treatment— I refer to the ophthalmia of new born children or

neonatorum, which Prof Chisolm observes is "the most prolific source of blind pauperism". The eyes of the neonatus in its descent through the pelvic canal, often come in contact with the acrid secretions of the vagina, which after a very short period of incubation results in the production of a specific purulent ophthalmia, of a most virulent type; in all respects analagous in its course, duration and termination to that previously described. The treatment indicated is therefore essentially the same as that to be employed in the former case, and will be spoken of in connection with it.

<u>Treatment</u>: The first requisite in the

treatment of purulent conjunctivitis is the observance of the most scrupulous and absolute cleanliness of the eyes, as fast as the pus forms - This must be enjoined upon the patient, if he be an adult; or, if it occurs in infants, cleansing the eyes must be performed by relays of assistants, as occasion may require, if it is every 20 minutes or half hour, day and night, until the pus stops forming - As the disease is so contagious, the utmost care is necessary to prevent any of the virus from being inoculated into the eyes of the assistants - The wash basin, towels handkerchiefs, books, and all articles used by the patient, should under no circumstances

be used by any one else - If the individual have only one eye affected, the other should be bandaged up, and a patient with purulent ophthalmia should not be admitted to a general hospital unless he can be isolated - Cleanliness is therefore a sine-qua-non in the treatment, which, however, can be greatly accelerated by the use of strong astringents, such as silver nitrate to kill the infecting bacteria, and shrink the membrane - In regard to the use of this powerful agent it must be remembered, that, "Conjunctivitis is the only eye disease in which nitrate of silver should ever be used" and also, "That it should never be prescribed for the patient to use" - The

is a very wise and safe rule adopted by the ophthalmic staff of the Presbyterian Eye & Ear Hospital of this city; for great detriment may be done, because patients, as a rule, do not know the great power of the remedy, and may use it as an agent to destroy rather than to restore sight — Great benefit may be derived from the following

℞. Argenti Nitratis grs V

Aquae Distillatae ℥i M.

A few drops of this strong solution are to be applied to the eyes once a day, by the medical attendant, and the borax drops are to be used by the patient at home 4 or 5 times daily — The physician should also remember that nitrate of silver

will stain the face or clothes of the patient black if it comes in contact with them and be very unthankfully remembered by him - Four or five incisions into the chemotic membrane around the cornea and upon the lid will also afford great relief - False leeches applied to the temples are often very beneficial, they deplete by drawing blood to the temporal side of the face, through the external carotid, transverse facial and temporal arteries - Never apply them to the lids, as some recommend, they will here act by sucking blood from the internal carotid ~~through~~ and ophthalmic arteries in the direction of the already congested eye - Prognosis: If taken

in time the prognosis is favorable; if ulceration has commenced the prognosis is grave; and by this I mean that 24 hours may make a difference of sight or blindness to the patient, by the institution or neglect of treatment. If the patient comes under observation while the cornea is still clear the eye can be saved always; if the degenerative changes have already set in, it is almost impossible. The two remaining forms, granular & cupous, are the rarest; the

Granular

form depends upon the presence of numerous small granular neoplastic growths, situated more partic-

ularly upon the tarso orbital folds, giving rise to the condition known as Trachoma - These are not hypertrophied villi but are distinctly neoplastic in character, and vary in size from a small point to the size of a millet seed - They gradually undergo a process of fatty degeneration and are absorbed, the conjunctiva at these points being replaced by cicatrices; which by constantly rubbing against the surface of the cornea induce a process of vascular opacity of that ~~tissue~~ tissue, of a ground glass appearance —
Entropion may be the result of the incurving of the tarsal cartilage, produced by the cicatrization of the glands

occupied by the neoplastic growths.
Causes: The most prominent causes
are; "overcrowding of human beings,
together with filth, impure air, want
of proper food; and in fact deficient
sanitary arrangements in general, are
doubtless the most prolific source
of this disease, and are capable not
only of causing conjunctivitis in men
but in animals" - The long continued
use of atropine in the eyes may also
produce it - These granular lids which
for ages past have successfully re-
sisted all attempts at permanent cure,
have within the last 18 mos yielded
to the influence of the Daquinity treatment,
and as this is now the universally ac-

cepted treatment for trachoma, I shall not speak of those previously used with ill success. The jaquirity bean is a small red bean and so tough as to require grinding. If a few drops of an aqueous solution, 2 grains to the ounce of water, be instilled into the eyes of such a patient, it will very soon set up a frightful inflammation, followed by great redness of the lids & a greenish yellow diphtheritic deposit on the lids, which in the course of a week comes away leaving the conjunctiva perfectly clear & healthy. The cornea then readily gains its normal transparency, restoring perfect sight & comfort to the patient. Quiet the patient with opiates & maintain

the proper rest, and use Atropia or Cocaine locally.

Crupous

This is the rarest of the rare forms, it is attended with the usual phenomenon of conjunctivitis, and a white diphtheritic exudation upon the lids. The diagnosis is easy and the prognosis is extremely unfavorable, It must be treated by antiseptics and tonics. The only case of this variety that has come under my notice, was a child 3 mos old in the hospital practice of Dr. Herbert Harlan, the patient recovered promptly in 10 days under the local application of Iodoform powder once a day, and the H. Ch. ui

Muriatis, gtts XV t-d -

Very Respectfully Submitted
B. B. Halsey

University Hospital,
Jan 6th 1885.

Thesis

on

Typhoid fever.

B. F. Dungy.

Jan. 21st 1885

Typhoid fever.

Synonymes.

Gastric. Enteric or abdominal typhus.

Definition.

It is a continued fever characterized by insidious prodromes dull headache epistaxis lassitude followed by stupor & delirium red tongue becoming dry & brown abdominal tenderness diarrhoea with eruption upon abdomen rapid prostration & tedious convalescence. lesion of Peyer's patches mesenteric glands & spleen

Causes

Predisposing are hot & dry weather. Exciting cause is a Typhoid germ. It does not originate de novo but from decomposition of typhoid Excreta

Pathological anatomy.

The poison is supposed to enter the intestinal canal so I will give the morbid anatomy with intestinal lesion first.

There is hyperemia of mucous membrane of Ileum & often extends to peritoneum Spleen & mesentery. The aggminated & solitary glands undergo a rapid proliferation by

multiplication of their nuclei & by division.

This increase in size cause them to swell in all direction so they appear above the surface about the size of a pea or bean. The number involved is not always the same.

The rapid production of cells give the glands a soft & spongy character & soon lead to softening & sloughing.

The ulcers have the shape of patches involved & their long diameter runs parallel to that of intestines. A number of glands may become involved

around the tube & form an enormous ulcer. When extrusion has taken place the ulcer goes on to heal.

The floor of the ulcer becomes covered with granulation & a gradual contraction takes place until it is closed leaving a cicatrix to mark the place.

Restoration to normal takes place in many without ulceration. The two processes may go together.

The mesentery glands enlarge congested & may attain the size of a bean or a pigeon Eg. They soften & the material

recovery started followed by diminution in size & finally return to normal state.

The spleen enlarges sometimes to two or three times its normal size & may be recognized through abdominal wall. This increase in size is due to multiplication of the cellular elements. When retrogression occurs the cellular elements disappear by degeneration & the organ resumes its normal size.

Parenchymatous degeneration of organs is due to persistent high temperature.

All are more or less affected.

In the liver the cells become clouded with fat granules & the nuclei disappear also it loses its consistency & color. In the kidney the epithelium of the tubes become granular & the nuclei disappear. The result of this is the organ loses its firmness & color. If alteration be extensive albuminuria is the result.

In the heart the granules appear in rows & the striae are lost. This change is very injurious & the tissue becomes soft

flabby & easily torn. The brain is more or less anemic

Symptoms.

Symptoms begin by headache pain in the limbs loss of appetite indisposition to move about depressing chilliness. Epistaxis followed by fever hot skin rapid pulse tongue coated tongue diarrhoea by pressing in right iliac fossa will cause pain on or about seventh day pink-reddish spots resembling flea bites appear upon abdomen or other parts which disappear on pressure. Flea bites are

distinguished from them by having a dark pit in centre.

As the disease advances the patient becomes dull delirious & does not take notice of any thing that is going on very often muttering or mumbling something. The breath is fetid & sordes accumulate on teeth & lips. Eyes dim & sunken.

Pulse rapid from hundred to hundred & fifty per. minute with high temperature.

Tympanitic & tender abdomen gurgling in right iliac fossa nocturnal delirium constant head ache stupor short cough

diarrhoea continuing.
During third week fever changes from continuous to remittent the evening exacerbation remains about the same as preceding weeks & during later part all symptoms ameliorate. Now the fever decidedly remits almost normal in the morning pulse becomes less frequent & fuller tongue gradually clears abdomen lessens in size & diarrhoea ceases. The patient now becomes more cheerful, expression assumes a better aspect & he passes into slow convalescence greatly emaciated

Analysis of symptoms.

The temperature of typhoid fever is a characteristic one. From onset it increases one degree in morning & two in the evening until fifth day when it ranges from one hundred & three to one hundred & five in the evening & lower in the mornings. At the beginning of third week it is much lower

Diarrhoea is the principal intestinal trouble & if absent the lesion is slight. Stools are fluid & offensive resembling

pea soup vomiting from
four to twenty in twenty
four hours.

Eruption is rose color
appearing in crops on
abdomen, chest back or limbs
disappearing on pressure.
They generally occur about
seventh day

Nervous symptoms
are severe headaches delirium
followed by drowsiness & stupor
sometimes have impaired
vision & hearing.

Complications.
Intestinal hemorrhage may
occur from fourteenth to 21

twentieth day is marked by decline of temperature to normal or below. When the tongue is coated & peels off in centre & not on sides is pathognomonic of ulceration of Peyers' patches.

Perforation makes prognosis grave. It is indicated by violent sudden pain in abdomen which causes the patient to flex his legs.

Peritonitis may occur without perforation & adds gravity to the case. Lobar Pneumonia & Bronchitis are frequently present. Albuminuria may also occur.

Relapses are common generally occurring about the fourth week. Symptoms all return suddenly & last about half of the original attack.

Prognosis.

It should be guarded. Favorable indications are slight diarrhea low temperature & moderate delirium.

Diagnosis.

From Typhoid. This disease has abdominal trouble with constipation & no rose spots. Typhus fever begins suddenly & the eruption is red & urination will not disappear on pressure

also generally attended by constipation.

Enteritis has intestinal trouble alone & no eruption.

Treatment.

It should be palliative & sustaining. Good nursing & liquid diet are very important.

To reduce temperature would give antipyretics as Quinine. Nitrous powder Cold sponging. Effervescent drinks are very refreshing.

Diarrhoea should be held in check by use of astringents: but if the stools do not exceed four in twenty four hours will not do any harm.

The diet should be liquid milk being most nutritious & easily digested should be given every two or three hours in small quantities also wine whey is nutritious & assimilative. When patient has weak & frequent pulse stimulants should be given as Wine & Whisky. To procure sleep would give a hypodermic dose of Opium or Chloral if the heart is not weak.

Hemorrhage should be checked by Ol. Turpentine in dose of gtts. x to xv every two or three hours with crushed ice externally.

Perforation & Peritonitis give hypodermic injection of Morphia

at once & keep the patient under its influence. In all cases of fever there is tendency to retention of urine therefore the bladder should be carefully examined & urine drawn off by catheter also it should be examined for albumen. Tympanitis should be treated by turpentine stupes & abdominal

The dejections of a typhoid patient should be disinfected at once.

Thesis to the Honorable
Faculty of the University
of Maryland.

by Julius Emrich Lowe

The terms scarlatina, scarlet fever and scarlet rash are identical. They are employed to designate one of the most frequent and fatal of contagious diseases, a disease which may occur at any age but is by far the most frequent in childhood, and is usually attended with more or less inflammation of the Pharynx. The mortality of scarlet fever is about as large as that of any contagious disease. There is no disease which presents greater diversity in symptoms than scarlatina and for this reason different forms of it are recognized, viz: the simple, anginose and malignant. Simple forms scarlet fever usually begins suddenly, with rapid

possible to tell the exact time of commencement. The premonitory symptoms are usually slight amounting to little more than dullness or fatigue, in some the first symptom is the occurrence of a chill. This is the ordinary mode of beginning in the adult, with the chill intense & generally accompanied by other symptoms of a febrile state such as headache, frontal delirium, anorexia, thirst and vomiting, the pulse rises to 110 or 115 a minute with hot and dry skin flushed face and a temperature of about 102° or 103°. In some there occurs a degree of stupor showing that the cerebro spinal system is profoundly affected, in a majority of cases

then occurs on the first day vomiting which is of considerable diagnostic value, it may occur before the appearance of the rash but not always. It is generally not as severe a symptom if it be mild but if there is great irritability of the stomach it indicates a serious form and is unfavorable. The bowels are regular or there may be constipation or slight diarrhoea, when the symptoms have continued from twelve to twenty hours the rash appears, it is first seen about the neck and shoulders in reddish indistinct patches these patches extend and unite, and in the course of a few hours the throat and extremities

[illegible] The rash resembles that produced by [illegible] but with minute points of a deeper color than the surface. To the touch it imparts a feeling of roughness, it disappears on pressure but appears the moment is removed. The rash produces no itching and being [illegible] is a sense of great distress [illegible] to the patient.

The rash is not uniform and in mild cases it is absent in places.

Another of the early symptoms with appearance of Pharyngitis with Sensitiveness and Tonsilitis. This attacks children, the [illegible] the disease, there may be a slight [illegible] on the tonsils, the tongue is [illegible] and the [illegible]

from the inflamed follicles is copious.
The posterior nares may be involved
which gives rise to an irritating discharge
from the nostrils. During the first day
the temperature may be 105° or 107°
in grave cases, the rash is observed during
this period. The skin being hot and dry
there may be a slight cough due to
congestion of the air passages but this is
so common in Measles as slight symptom
the urine is generally high colored.
The eruptional symptoms with the same
intensity for a period from 4 to 6 days
when the fever abates the heat becomes
normal the rash fades, with a gradual
decline of the disease. Mild and
even severe cases presenting a favorable

comes on slowly and about the beginning of the second week the rash becomes less distinct and finally disappears together with the inflammation of the pharynx and fauces, the appetite returns and the patient's strength from was dull becomes bright desquamation of the epidermis usually begins about the ninth and continues for several days, particularly parts of the hands and feet.

The Malignant or Irregular form is commonly due to some pre-existing cause if not actual disease at least a disordered state of the system. If Scarlet fever occurs during an attack of Continued fever [illegible]

eruption. Does then they are
induced by fever or disease of the
or any obstruction or acute disease which
produces an afflux of blood to any
internal organ, the rash is then
in its appearance or entirely absent.
The diseases which usually induce
vesicular eruption are of an inflammatory
nature, or with some disease of the mucous
membrane or digestive. Scarlet fever
may be irregular in the rash but
confluent fever may then deceive, and
attacks of scarlet fever sometimes occur
in which the eruption is irregular
they are generally so if the rash be
the attack be short. The Malignant
form is common in some epidemics

in others it is rare, in some ushered with premonitory symptoms, these pointing to the nervous system predominating such as intense headache and delirium soon rapidly become comatose and die in a few days, they are overpowered by the poison while the disease is in its commencement. The rash is dusky disappearing on pressure and slowly returning when pressure is removed indicating sluggishness of the capillary circulation. In some there are great restlessness and low muttering delirium like at power fever of Typhus. The temperature is very high up to 105° or 107° and the heat of the surface is fearful unless the case approaches a fatal termination

The pulse ranges from 120 to 150 per min. Coma and delirium occur early after accumulations and coma occurs about the third or fourth day, after this period the danger is chiefly from exhaustion. Those who survive the onset often have in a few days inflammation of the lymphatic glands and connective tissue about the neck and angle of the jaw, the pharyngitis is accompanied by ulceration of mucous membrane which occurred along the larynx causing very vitiation or if the septum be greatly protected entirely respiration by obstructing the larynx. The chief danger from the Pharyngitis is due to the toxaemia which is caused by the many septic

difficult & entangled with albuminuria.

Complications. — Complications are most frequent in the graver forms of scarlet fever but may occur in any form. The most common is chronic convulsions. If they occur after the eruption the disease is usually fatal, but if it occurs before convulsions recover. Convulsive attacks occurring in scarlatina are due to congestion of the nervous centres. The convulsions generally increase the congestion. The most important cause of convulsions is probably the poisoning of the blood of the sensational nervous. Convulsions occurring at the beginning are usually single, those occurring after the eruption either such of mild

in coma or return of vomiting with gradually increasing drowsiness till coma supervenes. The inflammation of the throat in scarlet fever may be so severe as to constitute a complication. It may be more grave than the primary disease itself and demand the principal treatment. Diphtheria often complicates scarlatina so that daily examinations of the fauces are necessary. So common is this complication that scarlatina has been regarded as affording conditions favorable for the development of this disease. Diphtheria may even supervene lately in the course of scarlatina, when it of the gravest violent symptoms so that it renders a case almost hopeless.

favorable hospitals. A pseudo-membranous formation on the fauces is not infrequent in severe sanguineous exudations, but it is apt to be isolated patches and easily detached. On the other hand in diphtheritic complication the membrane is thick and leathery and frequently bleeding when brought away by force, besides affecting the fauces it may attack the mucous, causing swelling and exudation and giving rise to difficult respiration which greatly the severity of the case. The occasional result of severe sanguineous secretion from inflammation and ulceration of the mucous membrane of the throat, takes a appearance of sanguineous formation in ulceration

results it is very serious, it indicates a high grade of inflammation and low vitality. Gangrene generally produces a fatal termination. Gangrene of the mouth occasionally occurs and is very grave. Other complications are Pneumonia this may be present before the onset of scarlet fever or may occur either during the course of the disease. Diarrhoea and vomiting occur in the beginning of scarlet fever but may occur during the first or second day. If it becomes intractable a serious complication arises in the intestinal inflammation. Pyrexia and Pneumonia are usually occasional complications. Infrequent complications are those which occur during the rest

of the form with cases being more little than those of a severe type, attention being called to it by the complaint of the patient of tenderness in the joints. The inflammation and swelling are less than in primary rheumatism but is ordinarily not severe. Inflammations of the serous membranes such as pleura, peritoneum and pericardium are frequently severe, coming on during the desquamation and continuing may become a sequel. Slight pericarditis may be difficult to diagnose if there be little effusion and may function in and be fatal to [illegible] Pleurisy is often suppurative requiring the aspirator for its cure

Sequelæ. — These complications may occur as sequelæ but there are another still more common and serious, this is Vegetations which although These generally occurred during the decline of the rash. The presence of the usual affection can easily be detected by examining the urine by the application of heat and nitric acid, if the quantity of albumen be large the urine becomes thick and white and almost resembles Stoplitis with the following symptoms: pressing pain to no clear symptoms the most common from being pain occasioning the face and hands and sometimes in the connective tissue of the trunk. If the affection be slight

result may be favorable but if it be in the lungs or the median tissue of the lungs it is grave. The hepatitis of scrofulous with consequent cavities owing to the effect of the scrofulous poison on the kidneys. It sometimes comes on suddenly often when the patient has been complaining but in most cases there are premonitory symptoms or from exhaustion and nervous. The duration of the dropsy is different in different cases. If the fore be relieved of the lungs or glottis or intracranial effusion death is speedy. Hydrothorax and Hydropericardium are generally fatal, but Ascites is more favorable. The duration of the dropsy is variably prolonged

middle ear being the seat of inflammation which if neglected produces serious consequences. The inflammation commonly commences during the decline of the fever. It may attack the delicate chain of bones extending backward from the drum and especially destroying the one also forming the drum and the hearing may be partially or entirely destroyed. An effusion overcomes lasting for months or years limits the functions of the inflammation with the ear which is often rendered useless by dead bone.

Pathological Anatomy.

The Pathological anatomy of varioloid is somewhat difficult to determine on account of the many complications which

are superadded to the disease. In many there is congestion of the mucous membranes and the lungs. The salivary, pancreas and other intestinal glands are enlarged and the spleen enlarged and soft.

In some cases there may be gastrointestinal inflammation and in a few cases there are found extensive hemorrhages. The kidneys are hyperaemic and increased in volume. Diagnosis. — As the commencement of death from before the appearance of the rash there are no symptoms which will enable one to make a diagnosis. If a child with regular bowels and no local disease is for days after exposure to scarlet fever be suddenly seized with vomiting, fever, h

further rising to 110 or 120 p. m. and temperature to 102° 103° or 105° then in still doubtful if the disease is scarlet fever. By the following morning and release of the fever the diagnosis is more certain. By the great appearance the nature of the disease is still more certain, still Roseola or Erythema due to intestinal disorder or other causes has been mistaken for scarlet fever, rash generally suffices to show the true distribution the influence of the fever and the redness of it which is more favorable and the symptoms are more intense than in those diseases. Scarlet fever is further distinguished from them by the peculiar elevation upon the tongue and the minute papillae of the

a thing hardly ever seen in the same
the same symptoms which Roseola and
Erythema do not present. Measles
premata in most children a continuous
eruption over a considerable part of the
surface like that of scarlatina, but the
longer period of incubation, the catarrhal
symptoms, the bronchitis and the absence
of Pharyngitis would serve to distinguish
this disease from scarlet fever. The rash
of measles commences behind the ears
while that of scarlatina is more uniform
and appears in a couple of to hours
to the trunk. Sometimes the eruption faints
or absents itself, when the diagnosis is
difficult, generally by watching the disease
closely the diagnosis can be made.

Prognosis. — The Prognosis depends on the form of the fever if mild or severe, the presence of complications and the strength of the patient. The mortality varies considerably in different epidemics. In mild forms a large majority recover but in the severe forms the mortality is great. Scarlet fever is liable to sudden changes either from complications or other causes so that cases that are favorable in the commencement may in a few days become grave, many dying from the direct poisonous effect of the scarlatinal virus. If the symptoms be mild the temperature not above 103°, with no delirium and the rash full and appearing at the usual time the prognosis is favorable. Scarlatina

Septicæmia one of the great popular occurs so frequently that precaution should be exercised and exposure be avoided during the period of desquamation. The symptoms of grave cases are convulsions except at the beginning, great drowsiness temperature above 104° rapid pulse dusky eruption, feeble capillary circulation constant vomiting and diarrhœa. At the close of the first week other unfavorable symptoms may be added severe inflammations increase and fix at the fauces and interfere with the proper exit of matters and neither end in suppuration and sloughing retard convalescence and recovery. Safety hours are not secure till the third week after the eruption. Some cases may be hurried [illegible]

fever die of asthenia due to the anaemia caused by the fever they have not sufficient strength to recover although no complications or sequelae have occurred. Death during the desquamative period is generally due to the nephritis which giving rise to dropsies prove fatal or to uraemic convulsions or coma. Another cause of sudden death is the formation of antemortem heartclots.

Treatment. — It should be borne in mind that scarlatina cannot be aborted. The indications are to sustain the strength, excessive fever should be reduced and complications should be prevented. There is no specific remedy that shorten the fever after it has once begun its symptoms. Antipyrine [illegible]

salicylic acid &c which are highly lauded cannot be given in doses large enough to antagonize the poison in the system since such doses would seriously impair the nutrition. The expectations of many that by the employment of salicylic acid in the treatment of scarlet fever have met with disappointment and the use of the sulphocarbolates has also been attended by failure. The following plan of treatment is efficient in ordinary cases. The patient should be kept in the same room till the period of desquamation is past and should stay in bed till the fever and complications cease. The temperature of the room should be kept at 60° or 70° during the febrile and eruptive stage. during the desquamative

stage the temperature of the room should be at 75° and the patient may be allowed to leave the bed for a few hours. The room should be sufficiently ventilated but all exposure to currents of air should be avoided. The internal treatment for the elimination of heat is of importance. If the temperature be below 104° special treatment is not indicated but if it is 104° or above it is, more high temperatures is dangerous. The high temperature can be reduced without shock to the patient by the use of cold water externally and by medication. A very good way of applying this treatment is by bath in which the water is employed at 80° and gradually cooled to 75°. Constant application to the head of cloths wrung out of ice water is also very good.

Clothing may also be applied over the wet as it alternate heat and cold [illegible] the inflammation of the throat. At the same time the hands and arms may be sponged. This mode of treatment is very agreeable to the patient and effective in reducing the temperature.

The wet pack is also efficient when the temperature is very high but is not so easy on the other modes described. Immersion of the body and extremities in very hot water is one of the most efficacious expedients and yields quickly to the discomfort of the patient in the plunging bath of the surface. Frequently sometimes relieves this state and yields quickly to the comfort of the patient. Food may be taken as it is nourishment but must be taken sparingly to such means of check or [illegible]

of carbolic acid may be added are better.

[illegible] from [illegible] complications requiring little treatment but [illegible] should be kept in bed. If there be [illegible] [illegible] doses of Potass. bromid. with no [illegible] [illegible] [illegible] with gin [illegible] and [illegible] with [illegible] [illegible] [illegible] [illegible] [illegible]

For the therapeutic which [illegible] in most all cases the following [illegible] [illegible].

℞ Ext. Pini chloride. ℈ss

Potass. chlorat. ℈ss

Syp. simplex ℥iv

Mix. Temperature [illegible] to [illegible] [illegible] of five [illegible] [illegible] [illegible] temperature is [illegible] [illegible] [illegible] [illegible] by the Syr. of Hydrate or Chloral. [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

a tater the following ingredient.

℞. Ammon. bicarb.

Acid of Ammon. Citras. aa. ʒss

Elix. Simplex ℥iv

Dirs. give to two teaspoonfuls every three hours.

In general cases in which the pulse rapid and feeble the temperature high the wandering circulation elongated the tongue inactive, the stools fetid and such other symptoms are delirium drowsiness or great restlessness the condition is one of great danger and to danger they are to be relief must be promptly adopted. In a high temperature antiseptics. The strength the antiseptic treatment by water should be employed together with temperature by Chamile and Quinine should also be

[illegible] employed in this state in the form of [illegible] in the first instance to [illegible] five grs should be given to a full five grs old then [illegible] every [illegible] if the stomach will not tolerate it in the form of the bicarbonate may be given in mixture [illegible] all but the mildest [illegible] alcohol in the form of milkpunch or wine they the severer cases require it larger and more frequent doses. If the [illegible] of [illegible] to the [illegible] the bromide of potash and warm footbath are indicated. Large doses of Quinia should not be given [illegible] than [illegible] grs [illegible] the heart when the pulse is rapid and weak and the [illegible] high. [illegible] in the form of Quinine or Sulphate of

of the former or 5 m. of the latter every fo[illegible] hrs. to a child of five years. In grave cases, the [illegible] of Bromide may be given in [illegible] but [illegible] the Digitalis and [illegible] [illegible] the [illegible] of the third [illegible] [illegible] [illegible] many [illegible] [illegible] of Diphtheria. Cold compresses or [illegible] should be applied externally during the first four days if the case be severe and if [illegible] [illegible]. The [illegible] and Pharynx should be sprayed with the hand atomizer every three hrs. with the following solution.

℞. Acid Carbolici gtt xxxii

Glycerine ℥vi

Aqua Calcis ℥iv.

For infants the mixture may be diluted

[illegible] quantity of water. In dropsical complications the following may be used as if [illegible] appears [illegible] the [illegible].

℞. Liquor. Potassae ℥j

Aqua Calcis. ℥v

If it be much [illegible] of [illegible] the [illegible] not [illegible] be [illegible] [illegible] on the [illegible] of [illegible] [illegible] [illegible] the [illegible] [illegible] the strength. The real complication in many cases a source of greater danger than the Scarlet fever. Stimulant diuretics should not be used as the kidneys are in a state of [illegible] [illegible] they cannot [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] The treatment may be commenced by a [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

in bed. For diaphoresis may be produced by surrounding the patient by steam or warm air. Sleep may be procured by burning alcohol in a shallow large open flat and inhaling upon rising the patient with bile he is wrapped in a large blanket or he may be covered in bed and a pipe be introduced under the bedclothes the further end of which rests on the flame of an alcohol lamp. Inhalation may be produced by placing bottles of hot water against the patient wrapped by a wet cloth. Of the proper dose of this treatment may be repeated every day.

The diaphoretics which have generally been employed are the Acetates of Ammonium and Potash the Bitartrate of Potash and also citrate and the Dpt. Ipecac. Antim. H!

Nitrate of potash of Sanger's recipe used if the heart is strong. Ether may be employed with it to guard against any depressing effect. The Tinct. form which of course [illegible] hypodermically. Diuretics which do not stimulate the kidneys may be administered as follows.

℞.

Infus. digitalis ℥ vi

Potass. citrat. ʒ iss

M.S. Teaspoonful every four hours.

For internal pain with vomiting morphia and effervescing hydrocyanic acid are useful. The Pulv. Jalapae Comp. is very effective. In patients considerably reduced medicines of this class are imperatively called for. Citrates are more certain in their action than nitrates, do not cause depression and should therefore be given in preference

possible in urgent case to remove bowels
or urea, a good formula is the following
℞. Podophyllin gr i
Sacch. alba ʒ i
Mft Pul. No viii
Sig. One according to circumstances.
After the use of cathartics the kidneys
being less congested on account of the
diuresis often begin to excrete more freely,
but if the patient be anemic and debilitated
and the symptoms not urgent cathartics
or other depressing agents are contraindicated
variation in treatment is therefore demanded
according to the condition of the patient.
The condition of the ears should be
looked after daily and often oftener
If the patient be troubled with earache

a few drops of laudanum and sweet oil dropped into the ear together with some hot local application will often give relief such as a bag of hot and dry camomile flowers over the ear. Hot water syringed into the ear is at times beneficial or a leech applied on the lobe of the Tragus sometimes checks inflammation. In the majority of cases the Otitis continues however and the discharge of the ear should be syringed daily. Paracentesis of the membrana Tympani may be called for an incision being made into the bulging and in for the purpose of resumed etc. and pus. This operation often saves the ear which would otherwise be lost. If the Otitis has continued till the ossicles are destroyed [illegible]

by elimination that of the disease to be for a certain cause is found. The patient however under these circumstances may quickly recover or there may be a state in which the case is hardly decided and a chronic inflammation established in the mucous of the typhoid giving rise to Chronic Bowel Complaint. Under these circumstances make use of the same treatment as indicated in Diarrhoea of Inflammation of bowels in other parts of the system. Cod liver oil and the Syp. Iodide Iron you internally especially for those of the Strumous Diathesis the object being to produce a more healthy state of the system to facilitate the healing process. The following lotion may be injected into the rectum three times a day, it should

be used [illegible].

℞. Acid Carbolici ʒ ss.
Glycerine ʒ vj
Aqua Dest. ℥ iv

During the convalescence precautions should be taken to prevent the patient catching cold as that increases the liability to sequelae. The patient should not be allowed to go into the open air in changeable weather till a month after the fever. A vest with pockets worn over the underclothes for a month from the time that the patient begins to be active and wearing the lower region protects the kidneys sufficiently.

Prognosis [illegible]

A

Thesis

On Hernia

Submitted to the Faculty

of the University of Maryland

For the degree of

Doctor of Medicine

by

Wayette Wm. Gatchouse Jr.

Md.

Hernia.

By the term hernia, as used at the present day, is understood a protrusion of any of the abdominal viscera through an natural or accidental aperture in the abdomen, which occurs forced by a process of the peritoneum, and covered by the common integuments. The parts most liable to this occurrence are the intestines, especially the small, and the omentum. Of the small bowels, the ileum and inferior third of the jejunum are most generally concerned in the descent. The duodenum is too fixed in its situation to admit of such an accident. The arch reciprocal flexure of the colon commonly goes out of the abdomen, & sometimes the [illegible] of the stomach, liver, spleen, bladder, & exceedingly rare the ovaries, Fallopian tubes, & even the uterus, are involved in a hernia. The scrotum has been found in an

[illegible]

[illegible] are employed to designate a hernia, derived either from the nature of its contents, the particular [illegible] of the invaded structures, or the region of the body in which it occurs. Thus, when the gut [illegible] intestines alone, it is called an enterocele; epiploocele, when it is composed merely of omentum; entero-epiploocele, when both intestine and omentum occupy the sac; cystocele, when bladder; gastrocele, when stomach; etc., etc. It is called a reducible hernia, when its contents can readily be returned into the cavities; irreducible, when they remain permanently fixed in the hernial situation; and strangulated, when they are confined by a stricture, compressed by the edges of the aperture at which it emerged. The term incarcerated is used, when the parts remain in their extraordinary situation, without causing any interference to the passage of feces, & without the existence of

[illegible] taken place above Poupart's ligament, through the internal ring, but does not have the usual difficulty for it to break through the external, the hernia is said to be oblique; when it goes through the external ring into the scrotum, scrotal hernia; both forms being included in the term oblique inguinal hernia; a direct inguinal, when it makes its way directly through the internal ring, without having passed down the inguinal canal. The varieties of hernia, umbilical, ventral, femoral, and the [illegible] to the particular regions of the body in which they exist take place.

Finally, hernia sometimes occurs at birth, and it is then said to be congenital.

Many fractures of the abdominal parietes may give passage to a hernia, but the rupture is most

[illegible] the [illegible] [illegible] and
[illegible] structures are, [illegible], [illegible] fatal
by [illegible], as [illegible]. The [illegible] [illegible] in the [illegible],
or [illegible] [illegible] in the [illegible], [illegible] from the
[illegible], when the [illegible] [illegible] first in the
thigh, or at the [illegible]; or, at any other point
where the [illegible] [illegible] have been [illegible] [illegible]
by some inflammatory lesion, rupture, or division
of [illegible], either from injury or [illegible]; [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] as the [illegible] [illegible], the [illegible] [illegible]
[illegible] [illegible], the [illegible] [illegible] [illegible] [illegible].
If [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] frequently, [illegible] [illegible] [illegible]
[illegible] [illegible]; and, probably, [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible] (Med. Chir.
Trans. 1864) [illegible] "[illegible] [illegible] [illegible] [illegible] [illegible] [illegible] the

most numerous class, and not in the most inter-
esting."

The causes of hernia may be divided into
Predisposing & Exciting. The Predisposing Causes
may be divided into such as pertain to the general
condition of the patient, as age, sex, & etc., and such
as pertain to the local condition of the part in
which the hernia subsequently occurs; the latter
are called by Birkett the Inciting causes.
The Immediate or Exciting Causes are usually
some violent exertion, as in lifting, coughing,
or straining.

General Predisposing Causes.

I. Age.

The majority of cases are developed in
infancy or early adult life; more, that is, at
the age of thirty than at any other date. This

statement is [illegible] in the [illegible] received doctrine, but has been [illegible] established by the researches of Lombroso (Gli Ebrei [illegible] 1878), and of Dr. Virchow. In Germany, the number of real young people in any community is much larger than that of adults, the relative frequency of hernia is greatest in the age of [illegible]. The advancing age may be considered a predisposing cause of hernia. (This statement does not include infants, who however, which from their, [illegible] are more liable to hernia than the robust, the reason being the abdominal walls [illegible] to the [illegible] of pressure of the abdominal contents in the [illegible] of some sudden or [illegible] exertions).

II Sex. The male sex is comparatively more predisposed to the occurrence of hernia, than is

the female, as I will show from the observations of Mr. Hingston & others, below. The liability is most marked for infancy & early childhood, on account of the frequency of a congenital malformation in the male, which will be presently referred to.

III. Occupation. The majority of cases occur among the laboring classes, but there does not appear, according to Mr. Hingston, to be any direct connection between the development of rupture and the pursuit of any particular occupation.

IV. Inheritance. The predisposition to hernia is frequently inherited, the inclination is most marked in the first years of life; in this case it was attributed to a history of ruptured parent. Bryant in his work on Surgery says:

"I have been called upon to operate [illegible] and quite [illegible], the [illegible] family for [illegible] generations — [illegible] have suffered." The [illegible] function, as with the [illegible] [illegible] at the [illegible] depends, viz., (1) [illegible] of the rectal orifice of the [illegible] of the sphincters, and furnishing [illegible] of that canal, and (2) abnormal lengthening, or a general laxity of the mesentery. The first of these [illegible] is [illegible], and the second often, probably, of congenital origin, [illegible] to [illegible] under [illegible] lengthening, [illegible] causes.

Local Predisposing or Inciting Causes.

I. Wounds, etc. The occurrence is occasionally

[illegible] to the [illegible], [illegible] [illegible] [illegible] of the abdominal [illegible]. [illegible] hernia is [illegible] [illegible] [illegible] [illegible], [illegible] [illegible] [illegible]

[illegible] of [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
the [illegible] [illegible], [illegible] [illegible] [illegible]
membrane [illegible] [illegible] into the [illegible]
[illegible] it forms the [illegible] [illegible] [illegible]
side. [illegible] [illegible] [illegible] [illegible]
at first [illegible] [illegible] [illegible] [illegible] [illegible]
that of the [illegible] [illegible], [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
about the third [illegible], the [illegible] [illegible]
divides into two portions, by the contraction of
the sheath and the formation of adhesions of
[illegible] [illegible], at about the the position of the
head of the [illegible]. The [illegible] [illegible] [illegible]
the [illegible], passing the [illegible] [illegible] [illegible]

[illegible] the [illegible] of the [illegible] of the abdominal ring [illegible] [illegible]

Lower inguinal fossa [illegible]. In the normal state, the tunica vaginalis of the testicle closes through life as a closed sac, while the tunica vaginalis of the cord becomes obliterated and converted into a delicate fibrous band. It not infrequently happens, however, that the tunicular lining of the vaginal process fails to do so, or to be of a small size, and at birth or shortly after, that either the constriction of the tunicular orifice, or both, remains patulous.

The testicular [illegible] is, of course, that by which the [illegible] communication in foetal life with the testicular portion of the vaginal process of the peritoneum, while the central region is that by which it communicates

[illegible] with the general cavity of the [illegible] and corresponds in [illegible] that of the [illegible] ethmoidal sinus. Hence, it [illegible] to be considered that a [illegible] state of the [illegible] would predispose the person [illegible] exposed to the influence of [illegible].

IV. A Relaxed and Elongated Condition of the Mesentery

[illegible] is [illegible] to be so. That the mesentery is [illegible] elongated [illegible] of hernia [illegible] of a doubt, for the bowel could not descend so low, as it is observed to do in the scrotum, unless it [illegible] relaxed. But [illegible] this [illegible] elongation is the <u>cause</u> or <u>consequence</u> of hernia, is a different question; that it is often a

[illegible] for [illegible], [illegible] [illegible] [illegible]

V. The Gradual Stretching and Protrusion of the Parietal Peritoneum [illegible] [illegible] [illegible] abdominal walls, as a result of a nearly or [illegible] [illegible] of a [illegible], of straining at stool, or in vomiting, etc., may act as a predisposing cause of hernia by leading to the ultimate development of a sac or pouch into which the viscera may be received. This fact constitutes the sac of the hernia.

Immediate or Exciting Causes.

In the majority of cases, however, hernia is slowly developed, and may not attract the patient's attention until it is easily found; in other cases, however, the rupture occurs suddenly, as the result of a fall, or of some violent muscular effort.

The different forces of hernia may [illegible]

[illegible] "[illegible] hernia, 81 are inguinal, 16 femoral, and [illegible] [illegible]. It is [illegible] [illegible] females, in proportion of 4 to 1; 1894 [illegible] [illegible] being [illegible] for [illegible] cases [illegible] [illegible] out of the total of 1000. (Cabot, 1, 1)."

Females are [illegible] to inguinal hernia [illegible] they are to femoral, the inguinal being most [illegible] [illegible] [illegible] being often; the femoral in middle and old age. In females under 20 years of age out of 100 cases, 87 are inguinal, to 13 femoral; and after 40 years there [illegible] [illegible] inguinal to 18 of femoral.

The largest number of cases of femoral hernia are developed during the child-bearing period, that is between 20 and [illegible] years of age.

[illegible]

[illegible] inguinal hernia is the most frequent form of the affection that we find [illegible] number of cases occurring during the [illegible] of life, in comparison with the [illegible] and [illegible] the heritaments still being [illegible]. It is about half as frequent [illegible] the ages of 10 and 20 years, while between 20 and 40, it is as common as in early life, but is frequently distinguishable [illegible] heirs.

Femoral hernia, [illegible] in the male is about 4 in every 100 cases. Though it becomes more frequent, relatively speaking, [illegible] is the female. During the first years [illegible]

[illegible] the [illegible] of [illegible] the [illegible] between the [illegible] of 10 and 20, 1 foot and [illegible] of [illegible] 0440, 4½ feet; [illegible] 40 [illegible], [illegible] [illegible] 60, nearly 2 feet.

The average age of [illegible] is [illegible] 43, while [illegible] [illegible] [illegible]

[illegible] differences [illegible] danger of the [illegible] of strangulated hernia, but [illegible] relative [illegible] danger [illegible] — however it occurs.

Anatomy of a hernia.

A hernia [illegible], with its contents, contained in a sac with its [illegible] and [illegible] lying in it. In some instances, the sac is [illegible] or [illegible] rudimentary, [illegible] and [illegible] hernia, & some times [illegible] of a [illegible] hernia resulting from wounds.

The sac is made up of peritoneum. It is formed by the [illegible] of the [illegible] through [illegible] by a vis a tergo, and as it is artificial, Birkett, well called it an acquired sac. [illegible] for [illegible] is not [illegible], [illegible] acquired sac.

[illegible] is [illegible] in [illegible] [illegible] [illegible]

[illegible] these circumstances often becomes [illegible] and the sac is at first thin & translucent, but [illegible] it is after [illegible] it becomes thickened & indurated, and may even become the seat of calcareous [illegible]. [illegible] to [illegible] [illegible] [illegible]

[illegible] the case. [illegible]

[illegible]

the sac, which is subject to [illegible] may be globular, hemispherical, conical, cylindrical, or hemispherical; occasionally, [illegible] hour-glass arrangement, or it consists of [illegible] [illegible] met with.

The contents of a hernia are usually the small intestines & omentum, a portion of the last two feet of the ileum [illegible], and [illegible] of the colon may be occasionally found. [illegible] the omentum is so pushed before the intestine as to [illegible] the [illegible] [illegible]; the [illegible], as a rule, being behind the omentum.

The tissues that cover in a hernia are will necessarily depend upon the seat of the hernia.

[illegible] [illegible] [illegible] [

[illegible] as a [illegible] sketch. The [illegible] becomes more marked on stretching & [illegible]. If [illegible] [illegible] & [illegible] then itself as a distinct swelling, when stretching or [illegible] [illegible] [illegible] [illegible] behind the [illegible]. It can be [illegible] from [illegible] [illegible], as the patient [illegible] the [illegible] by placing the finger on the [illegible]. The [illegible] [illegible] [illegible] & [illegible] [illegible].

[illegible], the hernia is [illegible] [illegible] [illegible] [illegible] first noticed, and the same is true of those cases which occur after some violent exertion. In the latter cases the formation is often attended with [illegible]. [illegible] the [illegible] [illegible] [illegible], [illegible] [illegible] will be felt by the [illegible], [illegible] [illegible] over it, if the patient coughs, and in inguinal [illegible] [illegible] [illegible] [illegible]

[illegible] the [illegible]
into the abdominal cavity will be [illegible] by the [illegible]
adhesions of the contents of the sac [illegible] [illegible]
a distinct obliteration by the finger of the aperture
through which it has passed.

The "Intestinal Hernia" or "Enterocele" [illegible] to [illegible]
when the [illegible] is [illegible], [illegible] [illegible] and [illegible]
hypochondrium and [illegible] when [illegible] the
hernia is [illegible] the seat of [illegible] or [illegible] [illegible]
The [illegible] is [illegible] [illegible] worked, and the
latent symptoms are those of [illegible] [illegible],
and [illegible] uncomfortable bearing feeling. [illegible]
is attended with gurgling, and with a [illegible] [illegible]
obstipation, which, [illegible] [illegible], can scarcely
be mistaken, and which is spoken of by some
writers as the "slip" or "flap" of a hernia.

If the hernia be reducible, [illegible] [illegible] of

[illegible] it has an inner sac [illegible] the left [illegible]
[illegible], with a [illegible] [illegible] [illegible]
& [illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
[illegible], the case may be considered an "epiplocele".
If both classes of herniæ are varicosely con-
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] and with a noise, leaving behind
something which is [illegible] [illegible], the [illegible]
[illegible] are "[illegible] epiplocele".

[illegible]

[illegible] either [illegible] or [illegible]
[illegible] [illegible] [illegible]. [illegible]
treatment consists in the application of a truss.
A truss consists of a head, or cushion, & a spring,
connected together by straps & curved so as to
pass around the patient's trunk, just [illegible] the

cases of the [illegible] [illegible] [illegible] [illegible] [illegible] of hernia, which tends to their enlarging very much, that [illegible] there is [illegible] but a [illegible] that [illegible] in their opinion. The [illegible] for the [illegible] will be considered [illegible].

When the contents of a hernial tumor cannot be returned into the abdominal cavity, we [illegible] irreducible hernia. Should it exist, and the condition might result by the neck of the sac, as has been mentioned, becoming constricted, or smaller than its body, or change in the state of the hernia, caused by some [illegible] of force or flatus, by a great descent of contents or bowel; or it may, in cases of long standing hernia, be caused by adhesions being formed between the contents & the interior of the sac itself.

In these cases the hernia constantly tends to become larger & causes inconvenience by its bulk

& weight, but [illegible] do [illegible] in their
tendency to become [illegible] fixed, hardened & [illegible]
called. They give rise to unpleasant sensations,
sensations, with uneasiness of bowels, [illegible] loss,
& disturbance of the digestive functions.
The treatment should consist in the application
of a truss, with a pad of such a width,
as to adapt itself to the neck of the tumor and seal
up the ring without causing loss of the tumor
is very large or "bag truss," or [illegible] bandage
must be used. The patient should be warned
against taking [illegible] exertion, or should never let
his bowels become constipated. [illegible]
of size in the tumor should cause anxiety, and
should be looked after. Since [illegible] have been treated
successfully by rest in the recumbent position, a
truss, sponge or [illegible], such as the sulphate of

[illegible] manipulation, or it may be secondary to an inflammatory state of the [illegible]. The symptoms are generally those of local, or in some cases of general peritonitis, with constipation, but not complete obstruction, and occasional vomiting, but not of a fecal character. The tumor is hard, swelling, and painful. When the tumor contains omentum, it becomes nodulated & irregular to feel, and when in doubt, [illegible]

[illegible] pressed into the sac. [illegible] a strangulated hernia, and the bowel is closely embraced by the edges of the opening through which it has passed. In a [illegible] inflammation, adhesions may be formed between the contents and the sac, rendering it permanently irreducible.

Treatment. Rest and the [illegible] in a bag, the [illegible] being [illegible] by the [illegible] of flannel, are the most important remedies. Some authors advise purgatives, but this [illegible] does not exist, but there may that they should be [illegible] and the action of the bowels be [illegible] by [illegible] means. Stools, if the patient's strength be [illegible], may be obtained [illegible]. [illegible] should be used [illegible] [illegible] exists & there are [illegible] of faecal matter. Diet should be moderate in amount & nourishing in quality. [illegible], the [illegible] are [illegible]

but if this [illegible] result [illegible] [illegible]
[illegible] may be [illegible] of [illegible] fecal [illegible].
It has been said to be [illegible] when the parts
of the bowel, which it contains, become distended by the
accumulation of gas, or of solid, or liquid fecal matter.
The symptoms are those of intestinal obstruction among
the chief are, severe abdominal pains, with a strong
sensation of the contents, after food, nausea, or vomiting
at times, retching and constipation. The bowel, therefore
becomes, separates the symptoms, and renders the local
signs more marked, the tumor becoming distended, hard
tympanitic & painful. The accumulation of the gaseous & liquid
contents may be felt into the neighboring parts of the bowel
bowel, recognized by a tympanitic gurgling sound, gas
flatus, sometimes solid masses of fecal matter may be recog
nized by the touch.
The treatment consists for long time, [illegible] to

[illegible] the [illegible] [illegible] action of the bowels; [illegible] at the same time [illegible] opium in moderate doses by the mouth. [illegible] the last [illegible] [illegible]. A cautious trial of the taxis may be made after the local obliteration [illegible], as [illegible] safety as that of the contents of the hernia. But it should be done very gently for fear of bruising, exciting inflammation, etc. If this [illegible] succeed and the symptoms continue, the case will have to be treated as one of strangulated hernia.

Strangulated Hernia

A hernia said to be strangulated when it is so constricted that its circulation is materially interfered with, inflammation ultimately consequence of the protruded viscera inevitably resulting, if the strangulation be not relieved. In some cases, strangulation is preceded by a feeling of [illegible] [illegible] of the bowels [illegible]

the viscera. Mr. Birkett believes that, in some instances, mechanical constriction is not the sole cause of the strangulation, but that it is due to some morbid change in the intestine itself. Strangulation is sometimes caused by some additional descent of the intestine into an already inguinal hernia, or the descent of hernia, which has been long retained in a sac, into a sac which has received it. Strangulation, that of protrusion, is most common when occasionally, a hernia becomes strangulated when first protruded. This sometimes occurs when caused by some violent exertion, in a more acute case than one that has been strangulated after long standing. Obstructed or incarcerated hernia may become strangulated from [illegible] of the intestinal circulation. The consequences of strangulation are detailed [illegible] whence [illegible]

through which it flows did, but in these we other
flows [illegible] without [illegible]
a generally indigest, frequent [illegible] the bowel or [illegible]
being [illegible] [illegible] but [illegible] the
[illegible] [illegible] immediately. [illegible] of [illegible] the
[illegible]; [illegible] [illegible] [illegible] the bowel [illegible],
[illegible] hernia becomes [illegible] strangulated; [illegible] the
accumulation of gas or fecal matter in the upper
[illegible] of the bowel, which distends it & forces the
[illegible] in a [illegible] against the neck [illegible] [illegible]
[illegible] obstruction, [illegible] [illegible] the [illegible]
the hernia, the greater the obstruction, the [illegible]
the inflated & strangulated bowel [illegible] its [illegible]
[illegible] [illegible] the [illegible] of the hernia [illegible]
[illegible], [illegible] [illegible]. The [illegible]
[illegible] [illegible] the strangulated [illegible] [illegible]
in [illegible] [illegible] time, [illegible] [illegible] [illegible]

[illegible] hernia is more liable to strangulation than inguinal. The cause of the constriction may be external to the sac, due either to compression exercised by the tissues external to the neck of the sac; or it may be in the tissues of the sac itself, due to hypertrophy or contraction of the neck, as in the congenital contraction; or it may be entirely within the sac, due to the local stiffening with a result in the omentum, or to bands of organized inflammation.

Symptoms. The symptoms of strangulation are either constitutional, or local, or both.

Local symptoms. If the hernia is visible for some time, it will be found to be increased in size, very painful, of a considerable tension, tense & resisting, if it contains fluid; if omentum, it may be soft & doughy though strangulated. The hernia is found in-

retention. There is no inflammation or congestion, the constriction preventing it by not allowing the stools to be transmitted to the hand. There is very increase in size from the effusion of serum into the sac. In the effusion of gangrene the signs of inflammation occur, & sometimes suppuration & sloughing may follow.

Constitutional symptoms. These are first those of obstruction, then those of inflammation of the sac & peritoneum. Pain is felt in the region of the rupture, followed by more or less distension, vomiting, first of the contents of the stomach then of those of the intestines (stercoraceous matter), and at a later stage, if the gallons contents of the small intestine and colon fecal fistula is usually present but sometimes, if the first part the large intestine may be emptied. The bulging becomes accentuated & the vomiting may outside particu-

colicky pain has been given freely, the fever now becomes quite the surface cold, while the countenance assumes a pinched and anxious expression. At this stage, complete laxation may occur with reduction to be readily accomplished.

The symptoms of peritonitis, when this condition is likely not to be checked, are generally well marked. Often, however, there is but little pain or tenderness, and but for the unremitting fever, and anxious countenance, the existence of peritonitis might not be recognized. When gangrene of the bowel is the cause of death, the collapse may be as great as it is from shock, although of greater duration. Death, however, is slower. When rupture of the bowel with fecal extravasation is followed by collapse, it will have been preceded by symptoms of local or general peritonitis.

Differential diagnosis of strangulation. Strangulation

may be distinguished from an irreducible hernia by noting the absence of impulse on coughing, the persistent vomiting, & the stercoraceous character of the matter vomited, and in acute cases the sudden onset of the symptoms. From an inflamed hernia, or from general peritonitis coexisting with an irreducible hernia, by the character of the onset, the completeness of constipation. From merely coincident peritonitis the point of greatest tenderness may be at a distance from the hernial sac, the vomiting of frequency if the patient have an irreducible hernia, may simulate strangulation, but may be distinguished also by the character of the onset, the absence of complete constipation. The presence of an irreducible hernia with internal strangulation may be simulated the most exactly in cases of the only difference being in the absence of impulse on coughing. In these cases may easily simulate strangulation in an inflamed

separable gland, & the true state of the case may be only revealed by making an exploratory incision.

Inflammation of an enclosed hernia may be distinguished by knowing the absence of the gland from the scrotal side of the section. The prognosis is always grave, as ulceration & gangrene may occur in a few hours.

Pathological changes the Result of Strangulation.

[illegible] the [illegible] of the [illegible] are [illegible] followed by effusion, inflammation, & gangrene if removed [illegible] time. When complete [illegible] has taken place the congested parts of intestine are [illegible] thickened, the surface assuming a red [illegible] which [illegible], and often dotted with ecchymoses. Where they have been much compressed, as at the [illegible] the ecchymoses are very marked. When inflammation has set in, patches, [illegible] of lymph may be

observed on the faecal surface, the bowel will lose its natural glistening effect & elasticity of its coats, which is of a dull opaque appearance & dirty. As gangrene approaches the gut becomes soft & doughy, the colour changes to a greyish black & the coats begin to become readily separable from each other; ultimately, the bowel gives way & fecal or bloody discharge occurs, resulting either in death, or faecal fistula. Sometimes before perforation occurs adhesions are formed between the sides of the gut & the mass of the sac, so that the fecal matter does not enter the peritoneal cavity. The sac with its external coverings also becomes inflamed, if the strangulation is not relieved. The skin on the approach of gangrene becomes of a reddish purple hue, tender, doughy, and ultimately emphysematous from the accumulation of putrefactive gas in the tissues.

[illegible] from the ulcerated bowel; finally, if the case be left to itself, very grave and severe when the patient hardly recovers with a fecal fistula, as has been said before. In this the abdominal cavity peritonitis is always found if the strangulation has lasted for any length of time. Every condition may be met with from that of a mere greasy one, to that of an extension of cavity [illegible] to inflammed [illegible] or less. In most cases local peritonitis will be found about the seat of the hernia, and in some cases the peritonitis will be general. It is generally acknowledged that the peritonitis is due to the strangulation of the intestine. It is then aggravated by the retention of the inflammed [illegible] injured contents into the abdominal cavity. As a result of a strangulated hernia, a stricture is sometimes formed. This will often lead to

complete obstruction, death ensues. If symptoms of strangulation have subsided and health seems to be restored, the fluid in the sac [illegible]. Sometimes simple serum is found, then again we have serum stained with blood, or blood itself. Hydatids or flukes of tapeworm is found floating in the fluid, if the bowel is inflamed septic [illegible] perforation has taken place, feces and pus may be found, mixed with the fluid.

Treatment. The two principle methods employed in the treatment are, the taxis & the cutting. Before the [illegible] can be treated to right to be able to distinguish between the two conditions, which have been referred to as simple & complete strangulation. In the simple form you should lose no time for the employment of exhaustive treatment, but should proceed at once to the taxis, with the patient being

thoroughly emptied of the [illegible] and to [illegible] it immediately [illegible] on the [illegible] the [illegible] for immediate [illegible] [illegible] If no [illegible] has [illegible] then if there has been only [illegible] the contents of the stomach, without any [illegible] stations from the bowels, it may be proper to postpone the [illegible], and let patient rest with the internal administration of [illegible]. Under this treatment the patient must be placed in bed, with the hips elevated, the knees flexed, the sentient (in case of [illegible]) long and [illegible], and an ice bag—guarded by flannel—applied over the neck of the [illegible] and adjacent parts. The [illegible] may be emptied by an enema, and a few [illegible] of [illegible] given [illegible]

the room being then darkened and the patient allowed to go to sleep. The surgeon returns in five or six hours & may find the hernia spontaneously reduced, or is readily effected by slight manipulation. If this does not succeed the taxis must be tried & then herniotomy.

The Taxis. Before commencing this manipulation, chloroform or ether should always be used to complete anæsthesia, as this relaxes the parts, thus often giving success to the taxis when it would fail without it. The ordinary & best mode of applying the taxis is as follows; The patient being thoroughly anæsthetized, in the recumbent posture with both shoulders & hips slightly raised, the legs partially flexed & rotated inwards, (so as to relax the abdominal muscles), and the bladder & rectum emptied, the surgeon would then gently grasp, with

the fingers & thumb of the left hand, the neck of the sac, so as to fix it, and at the same time to prevent the contents of the sac, on being forced from bulging toward the orifice, while, with the palm & fingers of the right hand, he gently compresses the body of the tumor, so as to empty it of some of its gaseous, serous, fecal or venous contents, and thus lessen its size. If he can do this, he should draw down the tumor, by pulling it first to one side & then the other, so as to dislodge the tumor from the constricted neck and draw down the mouldering pouch, as pointed out by Berger, etc. so as to avoid being in impeding reduction. He then attempts, by a combination of gentle kneading, rolling and manipulating movements, to return the herbulging viscera into the abdominal cavity, the time of pressure strictly corresponding to that by which the tumor

cause down. That portion of the bowel containing contents, which last descended, must be the first to be replaced. The necessity of this procedure is made apparent by the distinctness of the tumor with the peculiar gurgling and sliding sensation, which was already been referred to as characteristic of the reduction of a hernia. Failure in manipulation is justifiable under all circumstances. After the reduction a pad should be carefully adjusted over the neck of the sac to guard against its return, and when the patient has regained the necessity is in excess. It is wise to adopt a pad always until a truss has been obtained. The patient should then be kept in bed until any constitutional symptoms, which may have been present, has subsided, should be kept on milk diet, until the bowels have

fore would spontaneously. If they do not work spontaneously after two or three days, an emetic may be administered. The mode of applying the taxis also described may be used advantageously in certain cases. For these different modes & adjuncts to the taxis, I will refer you to any good work on Surgery, as my paper is too short for a more lengthy description. When the taxis has failed, nothing, but an immediate operation is justifiable. The operation itself is not dangerous, although the condition that demands it is exceedingly so. It is not, and should not be regarded as the last resource; for in many cases it should be the first. The danger lies in the strangulation, which increases every minute. This operation, which is called "herniotomy" or "herniotomy", should be performed directly after the reduction

of a strangulated hernia has failed by the taxis, cold, of chloroform or other anæsthetics, or when the patient succumbs under its influence, i.e., when the taxis & immersion have failed after one administration of chloroform.

Hernia Inguinal and Femoral Hernia. The way paper is already too long for a student's thesis & as my time at present is so precious, I will not tax the patience of my readers any longer, but will refer "the sage searcher after knowledge" to some standard surgical work for the description of this operation & for the anatomy, pathologies of this location, & treatment of the femoral Hernia.

Very respt.

Eugene [illegible]

Typhoid Fever.

Thesis, written by,
R. B. Effing,
Newberry, S. C.

University of Maryland;
Session of 1884 & 1885.

[illegible]

that the intestine

urethra, and thence grad-
ually invade and destroy the
[illegible]
sometimes the glands may
[illegible]
die

[illegible]

[illegible] increased frequency of [illegible]

[illegible]

house old

to bed during

[illegible]

colored

treats

[illegible]

Est congestion of the face with the shock, arises from the free hemorrhage from lungs, caused by the relaxation of the pulmonary capillaries which is usually followed by blood-stasis which at length [illegible]

[illegible] are [illegible] for the [illegible] [illegible]. What is the [illegible] [illegible] [illegible]

[illegible] to [illegible] the [illegible]
[illegible] and [illegible] of [illegible] or
fever with the [illegible] cavity.

It is the [illegible] that [illegible]
[illegible] first in typhoid fever.

Treatment — Intermittent heat
[illegible] is due the best, if [illegible]
[illegible] the cause of disease will
[illegible] cure the disease. Should
alterative [illegible] be found to [illegible]
[illegible] the [illegible] before [illegible]
[illegible] system, it [illegible] to [illegible]
[illegible] the [illegible] causes [illegible]
disinfectants. [illegible]
[illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

disinfectant for this purpose is a solution of chloride lime mixed with the addition of a little chloride of zinc. This has been found [illegible] [illegible] [illegible]

[illegible] stimulants. Stimulants [illegible] should be taken [illegible] but [illegible] [illegible] should be prohibited, [illegible] inconsiderate [illegible] [illegible] coffee and tea [illegible].

Hot and stimulants are very valuable in some stage of the disease, where [illegible] [illegible] [illegible]

[illegible] powder [illegible] will have good effect in reducing the temperature. Also given [illegible] in high fever [illegible] it reduce it.

Liquor [illegible] acetatis is a good diaphoretic [illegible] in typhoid fever. When [illegible] and liquor ammoniae acetatis [illegible] acid will [illegible] water [illegible] [illegible] will have a great effect when of [illegible]

[illegible] inflammations of joints. If [illegible] be fixed at [illegible] they are stiff, [illegible] but have with stiff and [illegible] in [illegible].

Often, to give [illegible] relief, [illegible] usually [illegible] turpentine, [illegible] a good [illegible] of [illegible] mixture; if turpentine [illegible] be given [illegible] the [illegible] of [illegible]. Quinia will reduce temperature but will not affect the disease. The salicylates are also much used for high temperature to reduce it.

A sudden fall of temperature is not a favorable sign, may

[illegible] additional remedies &c.

If [illegible] for [illegible] effect being [illegible] then [illegible] [illegible] unfavorable sign.

Patient must be left quiet in bed, if able to secure [illegible] [illegible].

Patient must take food as [illegible] [illegible] [illegible] [illegible] stage [illegible] [illegible] [illegible] [illegible]

Cases of lithotomy, with
labor in which [illegible]
and fatal results

An
Inaugural Dissertation
on
Menstruation.
Submitted to the Examination
of the
Faculty of Physic,
of the
University of Maryland,
for the
Degree of Doctor of Medicine.
By
Jno. Robt. Pearson
of
North Carolina.
— 1885 —

from the divine the beau-
ful the instrument of all that is
pure and good at whose throne
all <u>medical</u> students bow, and
whose power all young
men feel, is student to the
of the most sensitive and
interesting form of nature
viz; Menstruation. It may be
stated the age at which
the human female is capa-
ble of conceiving, and its ces-
sation that formed the
period: Climate is supposed
to have a decided influence
in determining the age at
which puberty commences, & ces

[illegible]

[illegible]

[illegible]

[illegible] [illegible] [illegible]
in the living [illegible] fluid,
[illegible] in the liver, the
[illegible] [illegible] [illegible]
[illegible] the bread, [illegible]
[illegible] the [illegible], etc.
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [

[illegible] Dr. [illegible] D'Antrefont [illegible] [illegible] [illegible] [illegible] breath [illegible] who has been mentioned [illegible] seven months. Each heart beat three times [illegible] rate in [illegible]; in one is recorded by D'Antrefont where it occurred as [illegible] for the tenth month [illegible] Another is mentioned of child born with marks [illegible] Other where it did not occur

[illegible]

[illegible] Thinner [illegible]

[illegible] true changes [illegible]

[illegible] 12 [illegible] pe-

[illegible]

[illegible]

[illegible] sign [illegible]

[illegible] shape peculiar

distribution

Frances, assuming a sight tone, for [illegible] became more fixed, being more [illegible] in the presence of familiar friends. She [illegible] the [illegible] expressions of the deep feeling which she cannot yet understand: she becomes more melancholy, and acquires a taste for solitary [illegible] congenial to reverie, in preference to the boisterous pleasures of childhood. In [illegible] the [illegible] and ambitious of the first an-

[illegible] Oliver.
Sometimes [illegible]
[illegible] neighbourhood,
[illegible]
[illegible] by [illegible]. If
[illegible]
[illegible]
[illegible] by the phenomena
[illegible], but in a more
[illegible] form. But this
is not [illegible] case.
[illegible]
[illegible]
[illegible]

[illegible]

[illegible] treatment, [illegible]

[illegible] the [illegible]

[illegible] the [illegible]

[illegible]

[illegible]; the [illegible]

does not [illegible] with the

general health [illegible]

nor prevent [illegible]

[illegible]

[illegible] the Government Council

by a [illegible]

in the first coitus or embrace; Should it resist these, it is almost sure to cease after the first later, where, the first menstruation frequently occurs without any premonitory symptoms, sometimes the epistaxis bleed takes place while playing, dancing, walking, etc. or it may make its appearance during sleep. In consideration of the numerous examples of pregnancy having occurred in the absence of menstruation, most

before its first subsidence, the seat of the hemorrhage and the nature and quality of the menstrual blood have been the subject of very different opinions. It seems manifest, through the very small fissure on the internal surface of the [illegible] diameter of the uterus. It is a point in question whether the blood is furnished by the arteries, veins, or both. It is probable, as Cazeaux, the former provides through the wa-

[illegible] decidua reflexa which [illegible] the [illegible] [illegible] of the [illegible] most [illegible] of the uterine mucous membrane. Some [illegible] [illegible] by the [illegible] during menstruation a membranous bag which replaces [illegible] it [illegible] to have been [illegible] in the uterine cavity; and which bears a strong resemblance to the decidua membrane: it is an exfoliated portion of the uterine mucous membrane. This [illegible] [illegible] [illegible] occur

in such women as experience difficulty, or have very profuse discharges, accompanied with severe pain; or in cases where menstruation is delayed. It is quite evident that this extravasation is caused by the evolution of a Graafian vesicle; and that it is simultaneous with the heat of animals: that it is caused by the rupture of a Graafian vesicle would seem to be substantiated by the fact that animals after parturition have no discharge from the vagina; and are always in heat;

analogue alone would lead us, in the absence of positive proof, to believe that menstruation would cease also after castration. Rapid instances are very rare; still we have one; a woman, says Dr. Pott, had two small tumors, one in each groin, which were so bound in as to render working impossible; I were decided to extirpate them; after having divided the skin and subcutaneous tissues, a membranous sac was exposed which contained a body resembling an

[illegible], if [illegible] removed, the [illegible] operation [illegible] [illegible] on the other side. The woman recovered, but the catamenia, which up to this time had recurred with regularity, ceased altogether; the breasts, which had been voluminous, subsided; she became thin, and assumed a more emaciated appearance; these are other instances, all going to prove I think, beyond doubt, that by the removal of the ovaries the function of menstruation is suspended, [illegible] that by

and [illegible], [illegible] the
female [illegible] is lost. The ex-
ridicity of the catamenia gen-
erally last about twenty-fi-
ve or thirty years; consequently
it ceases about the forty fifth,
or fiftieth year. But like
their commencement, their
close is subject to a great
deal of variation, continu-
ing longer in those in whom
it earliest began: This is
due to an excess of vital force,
and that vital force continu-
ues later in life, and prol-
ongs the aptitude for con-
ception. There are a great

many causes which — a tendency to suppress the menstrual flow, as cold, sudden vicissitudes of weather, acute disease, mental emotion, etc. The cessation of the menses produces in the menstrual apparatus and entire cessation of the secretion, after the very abundant flow which their first appearance had determined; the uterus becomes atrophied and diminished in size in every direction, the Graafian vesicles appear as patches of an

arrogant or opposed colors, their blood is vitiated, and their walls in contact; but by the wounds and breaks, whose vitality becomes so much deadened at the age of puberty, draining the same raw, waste gradually away, until become, as it were, foreign to the general life of the body. The cicatrices of the various functions does not often take place immediately, but is announced a year or two in advance by marked inflammatories and intermittents.

Finally, we come, and indefinite [illegible] is [illegible] left, with [illegible] and [illegible] in [illegible], [illegible], [illegible] the [illegible] [illegible] [illegible] [illegible] in the [illegible] [illegible] [illegible] alternation of [illegible], with proper [illegible] [illegible]; thus [illegible] the [illegible] of [illegible]; and thus [illegible] the <u>external</u> [illegible] of [illegible]; [illegible] but another instance of [illegible] [illegible] [illegible]. In the majority of [illegible], all the [illegible] labour [illegible] to [illegible], and

disappear promptly, but in some instances, disease before latent, shows itself; to this fact which has given it the name of life the position of "Critical" period": its dangers have been considerably exagerated; the organic diseases of the breast, ovaries, and uterus, are much more frequent before than after this period, and mortality is not greater in women between the ages of forty and fifty; or at any other period than during the menstrual

[illegible]
[illegible]

Definition:" Pneumonia is an acute inflammation involving the alveoli of the lungs. Catarrhal, differs from pneumonia in the cause and character of the exudate: that of the bronchi and next of the [illegible] and [illegible] instead of a serofibrous inflammation. Lobular Pneumonia is only an advanced stage of the catarrhal. Lobar, is the consolidation of one lobe. Pneumonia is sometimes called "lung or winter fever."

"Causes:"

It is a self limited disease

and terminates by cerebro-
spinal. It occurs in all cli-
mates and in all ages; it
occurs in infants at the breast
and very fatal in the adult.
[illegible] it more
women, indoor life, vitiated
[illegible] especially
[illegible] opium, [illegible]
[illegible] that tend to de-
bilitate, favor an attack of
[illegible] of the most
[illegible] in the [illegible] and
spring; and it is a common belief
that it is caused by a
[illegible]

drought of air when the body is not up to perspiration.
There are other states concerned in producing [illegible]
[illegible]
Pathological Anatomy:
The state of the affected lung may be divided into three stages:
Hyperaemia, congestion and
[illegible] degeneration.
In hyperaemia there are two acts:
increased blood supply and
[illegible] exudation. The lung has
a solid tissue. Therefore
it will float in water, and is
non elastic. When cut it pre-

[illegible]

[illegible] and [illegible] and mucous membrane are [illegible]. This leaves the first process; the next step is a [illegible] and [illegible] of the [illegible]; this extended [illegible] visible, and holds the radius of the bone [illegible] together until, [illegible] [illegible] the inflammation [illegible] the head [illegible] and is stiffed and compressed back [illegible]. At first the [illegible] is liquid, but soon [illegible], leaving in the [illegible]

bronchi, and in congestion it encloses some red and white corpuscles; when the consolidation is complete the lung is solid and the cut surface presents a reddish colour, this is the stage of hyperæmia. The inflammation may take one of two directions: resolution or normal death. In resolution the coagulated material now becomes liquid and relieves the pressure on the vessels into which the fluid part goes while the hard undergoes a fatty degeneration and [illegible] is expel

tissues, as the oxidation lessens the [illegible] and the diffusion of oxygen and carbonic acid is resumed and the blood current again established. The principal of the oxidation is taken up but perfect elasticity of the lung is not restored [illegible] long time. When the inflammation takes place a change is wrought in the inflamed area. In fresh cases there is a change in color, density and capacity of the affected area, with the formation of [illegible] fatty degeneration

takes place in the consolidation. Not all parts of the inflamed area are equally advanced in suppuration. There may be a lesser tissue which may form with the above, though it may be stretched and broken and disorganized. It is no uncommon thing for Pneumonia to become chronic, especially in strumous subjects, and a tendency to Pulmonary tubercle exists. In such cases the flamed tissue does not pass to the chronic state but resolution takes place. In other cases the inflamed

area changes to a caseous mass. All parts of the lung are not equally susceptible to the Pneumonic infection and the right side is most susceptible, and the infection takes place generally first in a large part of the lung ceases to function, it causes hypostasis in the parts, and in the veins, right cavity and the venous system is circulated through the part, then the lung becomes oedematous.

"Symptoms."

There are two modes of onset;

In the less frequent form has been known to last three days of bowels at catarrh and a general inflammation sometimes [illegible] and pain in the side and the disease proceeds on in its usual way. In the more frequent, a hard chill is the initial symptom. The [illegible] by the one [illegible] days to second [illegible] fourth. [illegible] may be convulsions instead of chill; the cold stage may last an hour and shortly after the fever is great; the face is flushed, the eyes injected, [illegible]

on the side [illegible]
[illegible] lower [illegible]
[illegible] is usually [illegible]
[illegible] [illegible]
[illegible] [illegible]
about the second day cough
and difficult breathing
and pain in the side comes
on, pain in the side is not
always present, there is pain
when the pleura is involved, and
the pain varies in position,
coughing or deep inspiration in
[illegible]
[illegible]
[illegible]

[illegible] day. In very advanced stage there may be no sputa at all.

[illegible] the greatest [illegible]

[illegible] with cold sweat, the condition [illegible]

[illegible] feeble as the vesicles [illegible] less and less the alveoli; the percussion note varies according to the position of the lung [illegible]

There is sometimes a capillary

ent. If the lung is consol-
dated the disease is of a most
immune and the symptoms con-
tinue for several days. In
the early stages of symptoms the tem-
perature rises about 1° in the
evening and falls about
in the morning. The pain in
the side lessens, but yet there
is some difficulty of breathing
and cough is more troublesome,
the sputa may contain blood.
If the inflamed area is large
the bells are apt to be wood,
due to impingement of the wind;
if the inflamed area be small
the bells are apt to be dull.

[illegible] is a usual symptom of [illegible] diminished arterial supply and venous stasis of the brain, but the [illegible] obstructive effects of the [illegible] besides [illegible] the liver is congested and [illegible] complicated by [illegible] of the liver, [illegible] duodenal catarrh, [illegible] may cause a partial jaundice in consequence of the venous stasis. The hyposaemia of the kidneys may [illegible] albuminuria.

Pneumonia is one of the few diseases that terminates by crisis and the critical phenomena consists in a sudden decline in

temperature, by crisis or lysis and some special manifestations of [illegible] [illegible] general [illegible] [illegible] exfoliation, but the most con[illegible] [illegible] phenomena are [illegible] [illegible] temperature in a few cases of by crisis. but by lysis it may take two or three days [illegible] [illegible] the change in the patient is perceptible; the countenance clears up, [illegible] [illegible] is raised, the pulse sel[illegible] is sixty or seventy, and another [illegible] eruption breaks out on [illegible] [illegible]

the skin is moist with warm sweat, the pulse is increased in amount and the patient experiences a sense of well-being; the spirits are cheerful, the color, and breathing is easier. The chest are generally forced to receive air and under favorable circumstances lung will be restored in a few days in some strumous subjects, or those in whom the vital forces are very low and reduced by depressing treatment, the cure is incomplete, and the affected lung passes into a chronic state.

Complications:

Pleurisy is a frequent complication. If more acute fever and the usual signs of pneumonia are the signs of Pleurisy. The existence of Pleuritis does not modify the course and behavior of Pneumonia, but the condition is more grave by reason of both diseases. Infiltrating bronchitis is a very dangerous complication. Confusion or delirium is a recondite complication of Pneumonia; Jaundice sometimes occurs, also rheumatism and gout; some say there is a typhoid

Pneumonia.

Course, Termination and Duration:

Croupous Pneumonia is well defined self limited disease which passes through its several stages with considerable regularity.

The stage of congestion occupies about the first 24 hours.

In addition to the presence of the disease, there the left and the second stage of the disease, red hepatization begins and lasts until convalescence which usually takes place on the 7th or five days. The whole course of Pneumonia is about three weeks; but some favorable

[illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible]
It may be the effects of
the heart, lungs and brain
before the stage of hyperaemia.
Pneumonia:
Ordinary cases only are
considered. [illegible]
[illegible] differentiated [illegible]
following points: [illegible]
of Pneumonia is sudden by
rigors, the [illegible]
[illegible]. Pneumonia begins
more gradual, there is chilli-
ness for a day or two, and fol-
lowed by a gradual rise.

temperature. In Pneumonia the
pain is dull and extends over
a large surface; in Pleurisy the
pain is acute and can be cov-
ered by the finger; in Pneumo-
nia there is a prefilement rale;
in Pleurisy there is a friction
sound; in Pneumonia the dull-
ness is diffuse and fixed
in position; in Pleurisy the
dullness is flat and changes
with the position of the
blood; in Pneumonia the sym-
ptoms are their full force; in Pleu-
risy the heart is pushed aside,
and the liver is pushed down
by the effusion, the

terminates by resolution and is self limited; but the tendency is more acute. Catarrhal pneumonia is usually in both lungs.

Treatment.

We have here to deal with a self limited disease, and one which terminates by resolution. The [illegible] should be [illegible] specific, we should not two frequently interfere, but wait for favorable termination.

The secondary effects can often be the best treatment; cautious treatment is necessary. The constitutional tendencies, the actual

[illegible] surrounding circumstances should [illegible] repeated attention before resulting in a form of [illegible]. A person [illegible] healthy subject [illegible] constitutional vice will bear [illegible] [illegible] [illegible]

the chest and also of the
the skin as well. The bowels
also to be open but moderately so.
When the quinine and Morphia
are also to be administered, pancre-
atine should be given. If the
viscid secretion is found
and coagulating agent which has the power to
lessen the viscidity of the
[illegible]
[illegible]
[illegible]

the lung [illegible] relaxing should be [illegible] times. If the subject be robust aconite or veratrum-viridi may be given with the [illegible] cases, but care is required when hyperaemia has resulted. In Pneumonia [illegible] in this disease the [illegible] is not. Some say expose the patient to cold air (not a draught) at the approach of crisis; careful aliment and stimulants should be carefully administered. Cardiac sedatives, as veratrum, aconite, and digitalis are dangerous during exuda-

be given. [illegible]
[illegible] needed during [illegible] days
of congestion, [illegible]
[illegible] following [illegible]
[illegible] and [illegible] a [illegible]
or a flannel jacket is useful.
When exudation still lin-
[illegible] of inflamma-
[illegible] a dry blister is good.
[illegible] sleep [illegible] indica-
is also good; it may be ad-
[illegible] [illegible] reduce
of zinc or the Phosphites.
If there is a vivid exploso-
[illegible]
and sweating, a tin, a small
dose of turpentine [illegible]

finial, nearly like the
[illegible]

Thesis.

(x) Strangulated Inguinal Hernia.

Frank Cameron.

Strangulated Inguinal Hernia

Hernia in general is the [illegible] of some portion, or portions of the abdominal viscera through a weak point in the abdominal walls. Inguinal Femoral, umbilical &c. Inguinal hernia like the rest, takes its name from the region in which this abnormal relation is brought about and by strangulation is meant a constriction [illegible] in the neck of the sac which contains the thus protruded viscera, thereby par: :tially or wholly cutting off the commun: :ication of circulation between this viscera and the general circulation. And should it be enterocele, intercept the continuity of the intestinal tract

The Hernia commences at the Internal Abdominal ring, a point in the Transversalis Fascia about midway between the upper anterior Spine of the Ilium, and the crest of the Pubes (the two points of attachment of Poupart's ligament) or about one half inch above and behind this ligament.

This exit ring is oval in shape, its long diameter somewhat vertical in direction, it is larger in the male than the other sex, hence the more frequent occurance of this trouble in the former than in the latter. This variation in size is de: pendent upon the difference in size of the Spermatic cord in the male ~~and~~ over the round ligament in the female either of which according to sex is transmitted through this Opening

the sac and its contents that form the hernia follow the course of the spermatic cord if it is a case of Oblique Inguinal Hernia, (in contradistinction to Direct Ing: hernia in which the sac finds its way through the abdominal wall on the pubic side of the Epigastric Artery.) This Canal is directed downward and inward or a little above and parallel with Poupart's Ligament. it is about an inch and a half in length its commencement being the Internal Abdominal ring, and terminates in the External Abdominal ring. It is bounded throughout externally by the aponeurosis of the external Oblique Mus: cle superficial fascia and the integu: ment, and for its outer one third by the internal Oblique Muscle, above by the

arched fibers of the internal oblique, and the transversalis muscles, below by the intermingling of the fibers of Poupart's ligament and the transversalis fascia, and within by the transversalis fascia, the triangular ligament, and the conjoined tendon of the internal oblique and the transversalis. Should the protusion extend beyond the external ring + into the scrotum, it is known as complete or scrotal Hernia. This External Abdominal Ring also transmits the spermatic cord, or the Round Ligament according to sex, it forms an irregular triangle directed obliquely to correspond with the fibers of the aponeurosis of the external oblique muscle, it measures about one half an inch across, and one inch from base to apex bounded on

either side by the free boarders of the aponeurosis above by the intercolumnar fibers, and below by the Pubes.

Strangulated hernia may assume an acute or chronic shape, we will first take up the former and to the best of our ability hold it in the light in which we look at it.

We are called to a patient, & tis to be hoped that our first patient may not be thus afflicted whose constitutional symptoms indicate a distress in which unless prompt measures be adopted to effect relief, the worst is to be feared for. Lying upon the back lower limbs flexed and shoulders elevated, pulse hard and wiry, headache, vomiting, constipation &c. I can immagine nothing more embarrasing to a Practitioner, old or young to be at sea as regards the

diagnosis when called suddenly to one case, more especially to one whose condition points to the fact that there is no time to delay for further developments, we know that in nearly every case of strangulated hernia every thing depends upon a steady and correct diagnosis but with doubled force does this apply when brought face to face with the picture above, and unfortunately such extremes are the more often encountered when the hernia is recent and the sac contains only the knuckle of an intestine, thereby rendering the the diagnosis the more difficult to be arrived at because of the absence of a tumor the looked for landmark. In this case where the trouble is apt to be

overlooked, our attention is directed to the inguinal region by the severe pain in and around this locality, with a sudden onset, and associated with urgent symptoms I would not say to adopt milder meas: :ures but take upon myself the respon: :sibility and at once make an exploring incission, the operation to be reverted to hereafter. Should there be a tumor, and the history of the case points to the pro: :bability that no inflamation has as yet set up, the patient is put under an anesthetic and manual taxis may be all that is necessary, for then the sac & contents may go back into the abdomen without further interferance, should there be on the other hand a probability that the structures are

injured by inflammation the hernia should be opened that this condition may be examined into.

Suppose the case is not so urgent, (the urgency depends upon the severity of the constriction) and that the end so much to be dreaded, inflamation approaching mortification has not come about, one in which we have time to examine more closely, and time to resort to milder means for the relief of our patient. We find a tumor in the groin which has become painful, knowing the prime importance of an early as possible as well as an accurate diagnosis where strangulated hernia is suspected, we hasten to a differential diagnosis. There is no impulse on

the patient coughing. The tumor does not disappear in the recumbent position nor by manual taxis, showing that if a hernia it is irreducable. From an aneurism by there being no arterial pulsation. from an undescended and inflamed testicle by the presence of both glands in the scrotum, From an inflamed Lymph gland or any other common tumor only by an exploratory incission. By exclusion a satisfactory diagnosis is arrived at. The sooner the parts are restored to their normal position the less liable will impending inflamation and suppuration take place. inflamation once set up, its course is rapid, and by no means confined to the parts immediately concerned

but may spread to the internal viscera and to the whole Peritoneal Surface; The time in which we have to act varies according to the nature of the case whether acute or chronic, enterocele or epiplocele, there may be only a few hours or there may be several days in which to effect relief.

The Bladder and Rectum are emptied if needed, the patient given a full dose of morphia, then placed in a position that will relax the abdominal Muscles, on the back, a pillow under the pelvis, also one under the sholders, thighs at right angles with the body, then if reduction does not occur of itself, moderate taxis should be resorted to, if the case is still not accomplished

then resort to chloroform and repeat the attempt, keeping in mind that a knowledge of the anatomy of the parts and proper manipulation should rather be relied upon, than the exercise of mere force. Knowing the point of constriction, the contents of the sac are gently kneaded and rolled downward so as to dislodge them from the constricting neck, then with gentle pressure at the sides and base and in a direction the reverse to that in which the hernia came out. Forcible squeezing will not only hinder and delay the reduction, but increase the tendency to further congestion. Should no success be met with, circumstances admitting a second

attempt should be made in the same way after a rest of several hours, then if no reduction the only means of relief is Herniotomy.

Two modes of operating in strangulated hernia are in use, the one the sac is left in tact, the second the sac is opened. Empty the bladder and rectum, thoroughly anaesthetize, then take up a fold of skin and superficial fascia so that when trans: fixed and cut out with the narrow knife used for the purpose the incession will be directly over and in the course of the tumor and from 2 to four inches in length according to circumstances then carefully and by the aid of a probe cut layer after layer of

The incisions are to be carefully made
slow until the sac shall have been reached
securing any artery that is divided.
When if by examination we are satis-
fied that the parts are in proper
condition. to go back into the abdominal
cavity, by the aid of the index finger
or a grooved director to guide the knife
divide the fibers at the seat of con-
striction just sufficient to [illegible] the
reduction, thus if the sac is left
in tact there is little danger of
Peritonetis. On the other hand the
sac may be opened if necessary
and each portion of the viscera
therein contained examined and the
constricting fibers touched with the
knife as before and the viscera returned.

This done lightly covered the edges of the wound by a few loose stitches leaving a small opening at the bottom for drainage. over this a compress of opium or carbolized cotton and bandage. The patient kept in bed on moderate doses of opium, a liquid and nourishing diet, and an enema occasionally if necessary.

I have fallen far short of exhausting this subject, but without apology for presenting for perusal so crude a composition I respectfully submit it as it is.

Frank Camm.

Epilepsy, or Falling sickness.

Epilepsy is a chronic affection characterized by fits of loss of consciousness with convulsive seizures affecting more or less the voluntary muscular system. Convulsions similar to epilepsy are called epileptiform convulsions and occur in such instances as uraemia, organic diseases of the brain or its membranes as for example hydrocephalus, meningitis diseases of syphilitic nature.

Epilepsy considered as one of the neuroses is of a functional disorder that is no appreciable lesion is found on dissection. Relating to this disease sometimes the forerunner or the premonitory symptoms so to speak are fits known as Epileptoid, in which

the convulsions are slight or even wanting hence there are two varieties to be considered - Epileptia Mitior and Epileptia Gravior, accompanied by convulsions of marked character - In the minority of cases the attack comes on with premonitory symptoms, varying in duration as well as in variety sometimes the premonitory symptoms show themselves for hours & even for days before the paroxysm comes on and again may be only of a few minutes duration & the variety of the symptoms may be either subjective or objective & very frequently of a nervous character affecting the general or special

senses, the muscular system - sometimes there may be produced vomiting & other affections of the alimentary canal & among other premonitory symptoms there is one which sometimes occurs, which is of a very peculiar nature & when this occurs the paroxysms may often be warded off by the stoppage of this symptom - this is known as the Aura and is described as a sensation of cold or hot vapour appearing to start from some distal extremity, & the arm seems to be the favorite site and when the aura reaches the brain the fit comes on.

The Epileptic attack may be divided into 3 stages. In the first stage the onset of the paroxysm is marked by a peculiarly disagreeable yell or moan, and the face becomes remarkably pale and is generally succeeded by total loss of consciousness, the patient falling appearing to be thrown down and usually falls on the face, on this account showing marks of violence, and sometimes burns occasioned by falling in the fire or on heated stoves. The convulsive movements now become evident and the muscular system is in a state of violent-

tonic spasm that is fixed; the spasms beginning generally about the face, but all do not have the same tetanic rigidity at the same time, some being affected more than others, and sometimes only the muscles of one side hence the horrible & hideous distortion of the features and body the head turned toward one shoulder the eyes wide open and staring; the stoppage of respiration also occurs from spasm of the muscles concerned in that function, and the face pale at first, becomes of a dusky hue, dilatation of the pupils, which do not contract

on the application of light, feble=
ness or cessation of radial pulse
due to contraction of the muscles
violent pulsation of the carotids. For
all practical purposes these
phenomena do not last longer
than from 3 or 4 to 30 or 40 seconds.
And this stage shades off into
the 2nd which is abrupt, the con=
vulsive movements become less
violent, the restoration of the
respiratory act, but unconsciousness
still continues. The rigidity of the
muscles being relaxed are now
succeeded by irregular spasms
throwing the head from side to
side, movements of the features

convulsive movements of mas=
tication, with the expulsion of
bloody saliva, due to the wound-
ing of the tongue or cheek, the face
becomes more livid, sometimes
small veins burst giving rise to
little spots about the face, the act
of respiration accompanied by
gurgling sounds in the throat,
profuse perspiration of a peculiar
fetid odor. Involuntary discharges
of urine and feces and often
times by the occurence of
seminal emissions. These
spasms last from 4 to 5 minutes
The violence of the paroxysms have
sometimes produced luxation of the

shoulder - The 3rd stage is a gradual return to consciousness after the cessation of the convulsions. The patient looks around bewildered or with varying expressions of countenance and usually makes the attempt to rise or speak, but generally the coma last for some time after the spasm - if during this period the patient attempts to walk he reels like a drunken - person, and again instead of the attack going off in this manner it may pass on to delirium, during which period the person may commit acts of homicide or something nearly as bad - After a

recovery from the paroxysm and the faculties have again resumed their normal sway, there is no remembrance of what has passed. The paroxysms or fits vary much in frequency and violence in different cases and even in the same cases and in a good many instances they occur periodically, these especially occuring in women during the menstrual flow. The intervals may extend over many months and even years may elapse before their recurrence but the intervals are hardily ever more than a month and in some cases the attacks

daily, when an attack has once taken place they are almost always sure to be followed by others. At first the intervals are wider apart, but gradually they become lessened until the habit is confirmed, and generally the paroxysms are more violent in severe cases - In some instances the fits follow each other in speedy succession, this state is called the Status Epilepticus and it is said as many as a hundred have occurred during one day, and one case is recorded in which the patient had the paroxysms at frequent intervals

for 14 consecutive days - Paralysis usually follows these cases. The paroxysms occur at all times night and day; those occuring at night are seldom known unless the person is suspected & watched - The health of the individual varys greatly there is rarely perfect health after the disease becomes confirmed, the mind is affected also - A curious phenomena is stated in regard to persons subject to this disease that the paroxysms are entirely absent during the predominance of some other disease and when the patient recovers, the attack soon

follow. The morbid conditions upon which Epilepsy depends is that there is some nutritive change in the Medulla Oblongata and the upper part of the Spinal Cord. Sometimes lesions are found, but these are said to be the results rather than the causes of the paroxysms Concerning its pathology little or nothing has been shown by dissection - Possibly there is irritation of the Brain or its membranes. The condition of the Brain is supposed to be anaemic, which condition is brought about by the spasms

of the arteries. Epilepsy has been attributed to various causes among them are mental impression and also the sexual functions have long held their place, as masturbation, excessive venery and no doubt there is some ground for these views - Conditions affecting the blood and causes for which nothing can be said these are called Idiopathic, and lastly Hereditary taint, of this there is some foundation - Age also is of considerable importance in the young the sexes seem to be affected alike, but in the aged, a larger proportion of

females than males - This disease is to be distinguished from Hysteria - the main points of difference are well marked the movements in Hysteria are of violent delirium, the paroxysms are of longer duration, the pupils are not contracted, foaming at the mouth does not accompany Hysteria, but sometimes the phenomena are blended together and this might prove of some difficulty - occuring thus it is known as Hystero-Epilepsy - Epilepsy is a disease often feigned, but as it takes remarkable skill & knowledge of the symptoms

and the order in which they occurred they are often detected - some of the means, whether the pupils contract to light or not - duration of fits the falling - all give material aid in the diagnosis - The prognosis in Epilepsy as regards the danger during a paroxysm is almost always favorable, as the person rarely dies during the fit - but as regards the mental condition it is generally unfavorable - Taking up the Epileptoid attacks or Epileptia Mitior they can be said to be multiform, from a sudden loss of consciousness to a sudden delirium lasting only

for a few moments at the time, sometimes the patient remains fixed, & then go on as if nothing happened, and again breaking off in the middle of a word while speaking and after a few seconds to resume again unconscious of having done so - In those cases where sudden delirium for a few seconds only, it is shown in various ways, laughing, crying, dancing, jumping etc - with the same loss of consciousness - Treatment

Treatment during the attack -

It is generally best not to try to do too much during the attack

but looking to the matters attending convulsions in general, preventing the patient from hurting himself or herself, not using too much force, putting something between the teeth to prevent the laceration of the tongue or cheeks, and if the paroxysm seems to last too long, dashing water on the face loosening the clothing, blisters to various parts, warm bath, ice to spine & head, electricity blood letting general or local. After the fit is over place the patient comfortably & allow repose, if so inclined.

In the Intervals - look well into the case, ascertain habits, diet, exercise of patient, try and regulate all these; inquire of Syphilitic taint, in fact all the rules that apply to the laws of health of which vary for each individual.

The Empirical Treatment this consists in the use of the various and many drugs of the Materia Medica of this disease as in almost every other disease drugs have been tried and found useless, and which will be needless to mention, only speaking of the most

prominent, of these may be enumerated standing first on the list the Bromides, particularly the Bromides of Potassium and Ammonia, Belladonna, Cannabis Indica, Stramonium the preparation of Zinc, Nitrate of Silver, Opium Nitrite of Amyl. All these remedies have been tried & with success in alleviating if not in curing the malady; they have their supporters. The Bromide of Potash is at the present time to be most relied upon, giving Bromism, a condition in which the patient becomes idiotic, but on the

withdrawal of the drug in a few days, he has returned to his original mental capacity; the best way to give this drug is in three doses whatever the quantity is - thus the smallest dose about midday. the next large dose in the afternoon & the largest dose on retiring - Pleasing and beneficial results have been attained in this way The Nitrate of Silver may be mentioned as worthy of trial, and innumerable others remedies all of which may be tried - Good results have been obtained by the use of narcotics, among

which Belladonna has strong claims - When syphilis exists of course the anti-syphilitic treatment comes in Iodide of Potassium & Bichloride of Mercury - Surgical Methods of treatment have been tried, tying the carotids, tracheotomy setons, issues, moxae all with favorable results - When the peculiar symptom known as the Aura, precedes the attacks, it is said by tying a string tightly around the limb, or pinching and in some way irritating the part from whence it starts, or even on the opposite limb trying the same methods, aborts the

attacks - and sometime the inhalation of the Nitrite of Amyl also aborts the attack. The mental condition of the patient is to be looked after these powers should be exercise as much as useful - and also of having some employment and by these means to divert the patient from his malady, & so let him enter into the enjoyments of this life as much as is consistent. "Moderation in all things"

John P. Smallwood,

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] recommended by many

[illegible] men who have [illegible]

not allow much prejudice in

[illegible] may have been

old and established laws and live

the men to condemn it as worthless

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

"[illegible]"

to their art.

[illegible] we cursed the magnificent

[illegible] to the old mitred old,

[illegible] It bears the sublime [illegible]

[illegible] to [illegible]

[illegible]

[illegible]

micro-organisms? And we are

[illegible] to reply, simply [illegible]

[illegible] to nothing. I do not

understand by any means to say that

[illegible]

[illegible] almost which would complete

[illegible]

French cleanliness and attention

a further means of safety which

cannot hinder but advise in-

[illegible] French cleanliness?

We will now endeavor to see

[illegible] of the old method.

[illegible] It [illegible]

[illegible] for the first inquiry we is made in removing the fruit, be under-
[illegible] it certain that no [illegible]

[illegible]

and in providence therein. It goes for-
[illegible]

[illegible] or may subsequently enter
[illegible] fruit.

listed than that we cannot

if then we take measures to

that they shall be destroyed, do we

not give the positive warrant

that he was wilfully guilty

[illegible]

[illegible] and assures us that, though

[illegible] evil is [illegible] and, and the end-the

[illegible]

[illegible]

[illegible] many [illegible], yet the

[illegible] Grover Short

the this system the opera-

[illegible] is only more complicated

[illegible]

[illegible] in the Lizzie over bounds.

not requisite in order to equili

fair consideration, seeing that

order to give an immediate to

Mr. Sh.

M.D. Cornac in the British Medical

five

[illegible] division [illegible]

[illegible] dangerous kind of [illegible]

[illegible]

[illegible]

[

[illegible]

[illegible] Spanniaand

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] J. & [illegible]

[illegible] would have been entirely [illegible]

[illegible]

[illegible]

received into its wards — for-

[illegible]

given the credit to a rigid exa-

[illegible]

Again, in the Med. Chirurg.

[illegible] LXIV [illegible] p. [illegible] [illegible]

on Skells declaring his adherence

[illegible]

giving as his reason for so

[illegible] zeration per cent, whereas, in the [illegible] it, the mortality fell [illegible] the most rigid observance of the antiseptic system the obtained the unmatchably low figure of 10.6 per cent.

This evidence is the more important and convincing in [illegible] by many, against mere theoretical [illegible] and clamouring on all [illegible] Hell.

to produce the excessive mortality which followed all the
[illegible]
tumors. These precautions were
taken before, during and after
the operation. [illegible]
[illegible]
[illegible]
[

would not be the result
of a mere [illegible] of the [illegible]
[illegible] by [illegible] [illegible]
would not be the result
of an or produce blood poison
[illegible]
[illegible]
the spray, but then when we
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

[illegible]

[illegible] spray

[illegible] what then to

[illegible]

[illegible] spray

[illegible] — [illegible]

[illegible]

air laden with noxious gases

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Thirsal Congress of London,

[illegible]

[illegible]

[illegible]

further tried and proved and
[illegible] accepted [illegible]
Since mind is but the more
[illegible]
[illegible]

[illegible]
[illegible]
[illegible]
[illegible]
[illegible] ing advantages from
[illegible] the treatment.
1st, It [illegible]
[illegible] could be easily accommodated.
3rd, [illegible] be superseded.
4th, Convalescence was induced easier.
5th, It [illegible]
relieved the patient.

[illegible]

is an advocate of Mr Lister

[illegible]

[illegible]

[illegible]

[illegible] be removed by more convi-
[illegible] ness, or by some alteration
[illegible] application? It is [illegible]
fact, and [illegible] to reason, that
[illegible] prejudices, or [illegible] either
[illegible] prejudices by [illegible] or
the [illegible]. [illegible] would [illegible]
[illegible] followed the [illegible] of
[illegible], if it [illegible] [illegible]
[illegible] to [illegible] [illegible].

In our own country, that
[illegible] gymnastic [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

[illegible] the [illegible]
[illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] was concerned. Excluding
this, there were [illegible] [illegible]
cent 9.40. So that [illegible] [illegible]
[illegible] [illegible] [illegible]
patients [illegible] [illegible]
by opening [illegible] [illegible]
the [illegible] (fil. [illegible])
died?

So high an authority as
Sir James Paget [illegible]
[illegible] [illegible]
treatment [illegible]
a patient [illegible]
effect of fully [illegible]

abscess, and under this pre-
ventions he has seen [illegible]
[illegible] [illegible] [illegible] [illegible].
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]

[illegible] attained,
when they began the anticipated
treatment, we are, I think, justified
in the assertion that
even Mr. Pitts great achievements
would have been greater, had
he adopted the treatment that
would so manifestly add
to the skill of his worthy contemporaries.

I was mistaken, first here

that it would seem from the experiments of Dr Burdon Sanderson that without the bacteria under the skin of the animal is sufficient to produce the least condition of fever in the animal, but that [illegible] conditions are a consequence of the entrance of the germs into the soil producing thus a poisonous substance which is conveyed by the same germs into the general circulation. Hence it would seem that from [illegible] of [illegible] within the bacteria produce the condition or an simple

[illegible]

[illegible] process and the point is to exclude or destroy them.

2 [illegible]

In a broad field that Listerism [illegible] medical men who, in view [illegible] made in the germ theory of disease, do not anticipate [illegible]

[illegible]

Die [illegible]

[illegible]

Die [illegible]

[illegible]

[illegible] many [illegible]

[illegible]

is bold enough to advocate and to maintain by his wonderful successes in this [illegible] treatment of medicine, a [illegible] that [illegible] ed by all.

It is not to the [illegible] of [illegible] [illegible] opposition. It has always been [illegible] [illegible] [illegible]

is right and that the prac-
tice is in accord with the most

which it is based, is cer-
tainly expired, and that it

Scrofula.

Rezin. B. Wilson

To

Maryland University Faculty of Physic

1854

Introduction

Of all the perplexing things of the medical students career it is when he realizes that he is trying to write his graduating thesis. Of course it can not be expected that a mere student with-out experience of practice and, with limited clinical experience and observation would make him self noteworthy in writing a graduating thesis. It would be impossible for me to discuss any subject pertaining to medicine and to get out side of the limits of others gone before me.

In looking over the vast number of diseases which baffle the efforts of the medical men we would give our special attention to one which is of no minor importance and, one which is met with very soon in the events of every practitioner of this day, a disease so common in our country that I am of the opinion that it is out numbered but by few others. The most limited in experience have had an opportunity of seeing a case at some time and noting its course.

The word Scrofula signifies "Swine" from the close resemblance it bears to a disease common to swine. Scrofula is a diathesis

characterized by an inflammation and hyperplasia of the lymphatic system, skin, mucous membranes, bones, and viscera. Scrofula is known as strumous, strumous diathesis, tubercle and tubercular diathesis, (says Prof Bartholow)

Scrofula is a disease chiefly confined to childhood life, but adults are not entirely exempt from scrofulous manifestations. Most authors think that prior to the age of ten years the disease is most active, it generally manifests its self about the first dentition. Scrofula may be considered as congenital and acquired. Congenital scrofula may be inherited from parents who

have had scrofulous symptoms in their early life. Persons who are suffering from some cachexia such as syphilis cancer &c. are apt to beget scrofulous children. Old age and near blood relations of the parents may result in scrofulous children. The acquired form of scrofula is mainly due to bad hygenic influences, as crowded apartments with ill ventilated rooms and not only the room but the locality also, many cases are due to uncleanly habits some to an insufficient quantity of food properly prepared for nutrition. Some authors by late investigations have found that a great many cases of scrofula

was due to milk consumed from tuberculous cows. The child is reared by artificial food, how far this theory holds good I am undecided. Some people especialy the non-professional think that scrofula may be conveyed by vaccination but Prof. Atkinson of the Maryland University taught in one of his clinical lectures of the session 1882-3 that scrofula could not be conveyed by vaccination from one person to another. Some authors deny this I think it is not probable that it can. Scrofula may manifest its self after vaccination like other diseases of the other latent

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

There seems to be no obvious change in the blood in the pressure stages of asphyxia, but in fact the blood may be expected to be of the other respiratory centres and is detected the blood. The blood [illegible]

unfavorable has a loss of the solid and an increase of the watery constituents.
Scrofulous glands which suppurate excrete a thin watery fluid and when allowed to drain over the cutaneous surfaces produce an obstinate eczema.
Scrofulous inflammation is one which has no tendency to undergo a higher organization or to heal or be absorbed.
Cutaneous manifestations of scrofula will be seen up on the skin and mucus membranes by an eruption of an eczematous variety. The eruptions are most common when the mucus membranes join the integument. The common mucus surfaces

affected are those of the nose ears and eyes. The disease exhibits its self in the nose an mucous air passage in the form of coryza. In the ear as otorrhoea and in the eye as Strumous Ophthalmia. We must not always consider the various effections of the lymphatic system and skin prima facie evidence of scrofula as the skin effection of several other diseases so closely simulate those of scrofula. The action that scrofula takes in affecting the bones is well marked as the osseous system is prone to inflamation in the scrofulous, Periostitis, Ostitis, and Arthritis,

are common in the scrofulous constitutions, they may be even the result of some mere injury received in the part and some without any known cause when there is existing a predisposition to the diathesis the most common seat of the disease is in the shafts of the long bones of the lower extremities, scrofulous "symptoms are often an accompaniment of inflammation of the osseous system,

The osseous inflamation of the structures patient are of two kinds says Prof Smith "Then is first the destruction-producing caries with suppuration or necrosis and secondly

the so called fungus where there is a proliferation of the tissues as in cancer swelling. The viscera may often times be attacked by the affection in cases resulting in amyloid degeneration of the kidney liver and spleen, the production of cheesy Pneumonia and Phthisis is the most important lesion of the lungs, the production of cheesy nodules in the cerebellum is of common occurrence. Tuberculosis of the testicles is a common result.

When scrofula is looked at from a symptomatic standpoint we observe two classes of cases. First those addicted to persons of a fair complexion when

the skin is white and transparent the venous system showing plainly through it. Blushing taking place with great facility, the eyes are light and brilliant with the pupils generally dilated, the muscles are soft and flabby the body is of light weight compared with the bulk.
The second is characterized by dark coarse skin and hair an unusual amount of adipose tissue with relaxed muscles, the body being large presents a puffy appearance the head is comparatively large with a short thick neck and enlarged thyroid glands, the abdomen very prominent the legs are short, the intellectual powers

are slow an inoculation,
There is but few examples of
typical cases they are generally
mingled one in to the other,
Scrofulous subjects generally carry
their symptoms up from
infancy, Scrofulous symptoms
generally manifest on mucous
surfaces of the nose ears and eyes,
Coryza is one of the first symp-
-toms in the infant.
if the patient has received a
wound in any way it will
be apt to suppurate and affect
the lymphatic glands in close
proximity, during constitution
eruptions appear up on the
face and so up consituting
a disease called "Milk Crust",
a child suffering from the

diseases if attacked for any of the exciting diseases they will be of a severer form than if they had been otherwise.

The course which scrofulous takes varies as it is essentialy chronic one group of tubercles disappear and another takes their place, its course is much influenced by the situation of the disease whether it attack the external parts or the internal.

If the lymphatics of the mucous membrane be affected the termination is bad, and if the mucous surface of the Bronchi is the seat of the affection the case is apt to end in Phthisis.

At puberty the morbid process sometimes expires, and again

during the course Tuberculosis may come on or protracted suppuration may cause amyloid degeneration of some of the internal organs or it may terminate in tuberculous infection of the brain.

The treatment of Scrofulous manifestations depends upon the form of the disease, if it be of the acquired which is considered by many authors as a more slow and unsatisfactory procedure than the prevention when the diathesis is expected. Hygienic measures should be taken into consideration. At birth if an infant, and all exciting causes removed if the mother be suffering from the diathesis she should not be allowed to nurse her child, it should be

fruit to the breast of a healthy wet nurse. The feeding of the child should be carried out with the greatest care the child should have good nutritious food of a sufficient quality it should be of an easily digested quality not containing an excess of starchy matter. The manner of clothing is of great importance, the child should wear warm and comfortable fitting clothing, it should have plenty of open air and exercise in country life if possible to obtain. Medicinal measures will mainly depend up on building up the constitution.

The most useful remedies to induce constitution metamorphosis is the "phosphates" in the form

of the Compound Syrup. There is no remedy that takes the place of Cod liver oil in the disorders of nutrition. it is best used in combination with the Lacto-phosphate of lime, some think it not advisable to give Cod liver oil when there is a deposit of fat in secondary tissue. The Iodides are favored by Many the Iodides in combination with the chalybeates are useful if there be marked anemia, the Syp. of the Iodide of Iron is the most eligible preparation.

In cases of suppurating abscesses of Scrofula the best local application is Iodoform, or the cavity of the abscess may be injected with a dilute solution of Iodine.

as there is a number of other remedies in use which I could only say would be just from that accommodation of others, and I recommend it to consider it advisable to attempt a complete list of other remedies.

In many cases scrofulous tubercular affections are amenable to

But when a whole or partial treatment of scrofulous affections upon hygienic and proper principles

In consideration of this topic I propose action, remedies of the result in these diseases but to be as concise as possible with one as this is our first attempt in

[illegible] such
[illegible] also I would ask
it be pardoned for attempted
to write up on such a
voluminous subject when
so unable to give it justice
in the least.

Baltimore Md.
February 16th 1884

Respectfully
Philip [illegible]
[illegible]

1885

To the Faculty of Physics

University of Maryland

— Oxygen. —

By

W. F. Hall.

Eczema.

This may be regarded as one of the commonest maladies of the skin. A non-contagious inflammation which may be either acute or chronic, appearing in various forms as erythema, papules, vesicles, or pustules, accompanied by more or less itching and infiltration affecting all parts of the body and at all periods of life. Terminating either in discharge with the formation of crusts or in desquamation.

Etiology — Every exciting cause giving rise to hyperaemia is capable of producing eczema,

the same irritant acting on different temperaments may produce very different results. Thus, individuals with light hair and skin are more susceptible to alcohol than those of dark complexions. It may be produced either by local or constitutional causes. Disorders of the digestive organs (especially by lowering the vital force, rendering the tissues weak, or in consequence of deficient nutrition) are one of the most fruitful causes of this disease. Internal congestions, however induced, by hindering the flow of the circulation and nutrition of

[illegible] improvement [illegible]
in the [illegible], as is shown by
the fact, if he [illegible] at times an-
[illegible] could [illegible] the [illegible]
language [illegible] [illegible]
[illegible] [illegible] at any rate
[illegible] [illegible] the staggering power
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]

[illegible]

the

months

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] of the [illegible]

[illegible] infection [illegible]

[illegible] the [illegible]

[illegible] be [illegible] at once,

[illegible] the different forms of

[illegible] of [illegible] the [illegible]

[illegible] that the different varieties,

[illegible] the [illegible] [illegible]

[illegible] [illegible] [illegible] [illegible]

[illegible] [illegible] [illegible] [illegible]

[illegible] [illegible] [illegible] [illegible] [illegible]

[illegible] [illegible] [illegible] [illegible] [illegible]

[illegible] [

If a few drops of oil come with the water after bathing, others become marked, discolored patches, terminating in a threatened disorganizing rash with the dew (eczema) and in some the rash appears, occasionally through accidentally, if the skin permanently, after a few days, and should) attempt be borne in mind that it is exceedingly easy to reappear upon slight irritation of any character.

With the following conclusion of the following causes the skin in the form of pimples it is styled Eczema papulosum, appearing in small pointed

[illegible] varying in age from [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
but more commonly the female
[illegible] to the termination of
the disease, whilst at other times
both conditions are present.
This is one of the most obst-
inate forms of acute eczema
[illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [

[illegible] seen on the
[illegible] but attacks by
[illegible] surfaces of
[illegible]

Oxygen is known as the variety
[illegible] the [illegible] fission
[illegible] to be [illegible] the [illegible]
[illegible] to small
[illegible] rapidly fill
[illegible] the [illegible] [illegible]
[illegible] of [illegible] [illegible] [illegible] [illegible] the
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible] the [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

[illegible] into further constitutes
[illegible] indeed the
[illegible] clearly drawn
[illegible] lines as
they are usually [illegible] at the
same time and [illegible]
[illegible] same course. It is clear that the
[illegible] form [illegible]
[illegible] so much [illegible], but
[illegible] great [illegible] and [illegible]
[illegible] to a disease, which drew
[illegible] blood, [illegible] varnish
[illegible] and [illegible] the [illegible]
[illegible] accumulated
a considerable [illegible] of thickness,
[illegible] and [illegible] of
[illegible] form [illegible] [illegible]
[illegible]

young girls and children, especially the strumous and ill-nourished.

Hence as consequence of that decay of the infiltrated tissue caused by interstitial effusion the cortex is brought in so close and continuous contact with the dura mater, it is termed pachymeningitis. When the thickening is still further advanced it forms fibrous membranes, or very strong sheets of the tissue. The skull is at the same time broad, capacious, and narrow in front, in proportion to the size of the hands and

[illegible] Besides these other forms of life [illegible] from the [illegible] of a [illegible] [illegible] [illegible] and [illegible] [illegible], together with other [illegible] [illegible] from [illegible] [illegible] [illegible] [illegible], [illegible] [illegible] [illegible]

be sufficient to establish the fact that it has existed. The discharge may be either clear watery in appearance or purulent form. Inflammation and irritation are prominent symptoms in the chronic form, with [illegible] heating [illegible] stinging is the most characteristic. Seldom ever entirely absent, well usually of intense degree, [illegible]

Course Termination and Prognosis — The prognosis will depend [illegible]

the constitution of the patient.
Though generally speaking
a lighting cause to restore
tranquillity is to state and
very carefully explain to the
patient the actual circumstances
of the case, and to show
it is not of those
at present to the actual present
condition of the organs of
sense, where patients are in the
special energy cases of nervous
hypochondriasis the prognosis
but where exhaustion of power
has resulted, when certain the
very nervous organs, and
a general condition of the ner-
vous system exists, the prognosis
is not so favourable.

[illegible] favorable
[illegible] and can
[illegible] relief in
[illegible] the head, while
the thorax and [illegible] of lung
standing, particularly of the
stomach of young persons, where
much indulgence and in
eating is [illegible] in spirituous
[illegible], indeed the expected
[illegible] of children may be
[illegible] [illegible], if
not [illegible] [illegible] of the [illegible]
of [illegible] [illegible] and [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] of [illegible] [illegible] of [illegible]
organs, or may be associated

with disease of the kidneys and, or from gall stones, should always be taken for granted, or even generally, receiving fresh force, and in the case of large of disease, and in a modification of other diseases, may contribute enormously to the unfavorable effect.

Treatment:- As we recognize exposure to be a constitutional as well as a local disease, our first efforts should be directed to the improvement of the general health, or the removal of the cause of the disease, which is of first importance, and during the attacks should be regulated

to suit each individual case,
and the diet as important
as any other treatment. Drunk-
ards in the early stage of the
disease should be strengthened
and sustained, while in the advanced
it should be as nutritious as
possible of the same time digestible,
and it may be that the
brandy goes into the digestive
tract only to be utilized in
giving sensation of digestion.
Stimulated by the writer
that if the results were as much
to good in many instances
where used to excess.

[illegible]

[illegible]

[illegible]

[illegible] of the digestion
being [illegible] to [illegible] the
[illegible] of the [illegible], [illegible] and
[illegible] the [illegible] in the
[illegible] the functions of
digestion and assimilation
[illegible] be improved. In some
[illegible] of [illegible] in the [illegible]
[illegible] will be [illegible] [illegible]
[illegible] the [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
useful. The condition of the
bowels, [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]
given in combination with

[illegible] after [illegible] healthful
constitutional treatment - should
be all that remedies [illegible]
to [illegible] and [illegible] the
general health [illegible] in order
that [illegible] which
are the principal agents [illegible]
This is usually [illegible] in the
body the [illegible] will be the
most efficacious agent.
After the results [illegible] of
[illegible] [illegible] of all
[illegible] [illegible] as a [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] head,
and to [illegible] the [illegible]
[illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]

[illegible]

acute, and stimulative in the stone stage. Amongst the [illegible]

[illegible]

[illegible]

[

[illegible]

[illegible] solution of tar alcohol
and new south [illegible]
[illegible]
of cider vinegar and oil of cadiz
[illegible] inhalation. To relieve

anything, application would
cause the radicle down by
soothing Tissues, as olive oil or
water, or warm, mild alkaline solution,
but this paper I have simply
attempted to give a general
outline of the treatment of
eczema, without entering into
all the agents that are useful,
and without going into the de-
tails of long special treatment,
which can only be discussed
upon after a careful investigation
of each case in detail